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ABSTRACT

The report examines the status of education for children with severe behavior disorders. Analysis of Annual Program Plans, compliance evaluations, and interviews with state officials provided results in five areas (sample findings in parentheses): definitions (there was great concern over the term "seriously emotionally disturbed" as defined in P.L. 94-142, the Education for All Handicapped Children Act); human resources (in the six states visited, shortages of teachers for only the severely behavior disordered ranged from 1% to 12%); preservice and inservice training (there is a need to rethink the entire process of inservice education); service delivery (being severely behavior disordered appears more likely to result in removal from school than any other disability); and other issues such as single line of authority/interagency agreements, national collaborative efforts, related services, and connections with services for autistic students. (CL)

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NATIONAL NEEDS ANALYSIS IN BEHAVIOR DISORDERS:

SEVERE BEHAVIOR DISORDERS

Developed by:

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* *

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to behavior disordered children and youth. Their time, effort, and honesty is the flesh of this document, without which we would only have had the skeleton statistics gleaned from reports.

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Columbia, Missouri, 1980

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NATIONAL NEEDS ANALYSIS IN
BEHAVIOR DISORDERS:

SEVERE BEHAVIOR DISORDERS

CHAPTER I

INTRODUCTION

Project Overview

The National Needs Analysis in Behavior Disorders was the result of funding by the Division of Personnel Preparation, Office of Special Education (formerly Bureau of Education for the Handicapped) to the Department of Special Education, University of Missouri-Columbia. The impetus for the project arose out of continued and growing concern by professionals: parents, teachers, administrators, teacher trainers, and national leaders regarding the staggering numbers of children who are handicapped by virtue of disordered behavior and who are unserved and/or inappropriately served. Based on conservative estimates of prevalence, it would appear that some 741,000 children and youth with serious behavior disorders are not currently receiving special education (compared to approximately 300,000 who are receiving special education). Unfortunately, the numbers of behavior disordered children and youth who are identified, but are receiving inappropriate services are unknown. The cost of special education for those 741,000 unserved children and youth is estimated at approximately $2,258,000,000. Public Law 94-142 permits a fiscal year (FY) 1982 federal allocation of up to 40 percent of the excess cost of educating these children. If Congress chooses to meet that goal, slightly over $900,000,000 would need to be allocated. These represent conservative figures and in no way address the problem of inappropriately served children.

In addition to sheer numbers and astronomical cost, the problem of unserved and inappropriately served behavior disordered children and youth is enormously complex. Disagreement among professionals with diverse perspectives on issues of etiology, terminology, definition, identification, and intervention contributes to the general confusion and resulting lack of services to behavior disordered children and youth. Space does not permit an indepth treatment of these issues in this publication. For more detailed discussion of each of these problems, the reader is referred to the project's first document: National Needs Analysis in Behavior Disorders: A Model for Comprehensive Needs Analysis in Behavior Disorders, published in December, 1979. In addition to the discussion of the issues and their parameters, this first document described a model developed by the authors for conducting a needs analysis.

A total of four other documents have been produced as part of the National Needs Analysis project. In addition to this one on the topic of severe behavior disorders, two other documents have been published on the subjects of adolescent behavior disorders and human resources. The final publication integrates and emphasizes the major concerns and recommendations emanating from the entire work of the project.

The Model

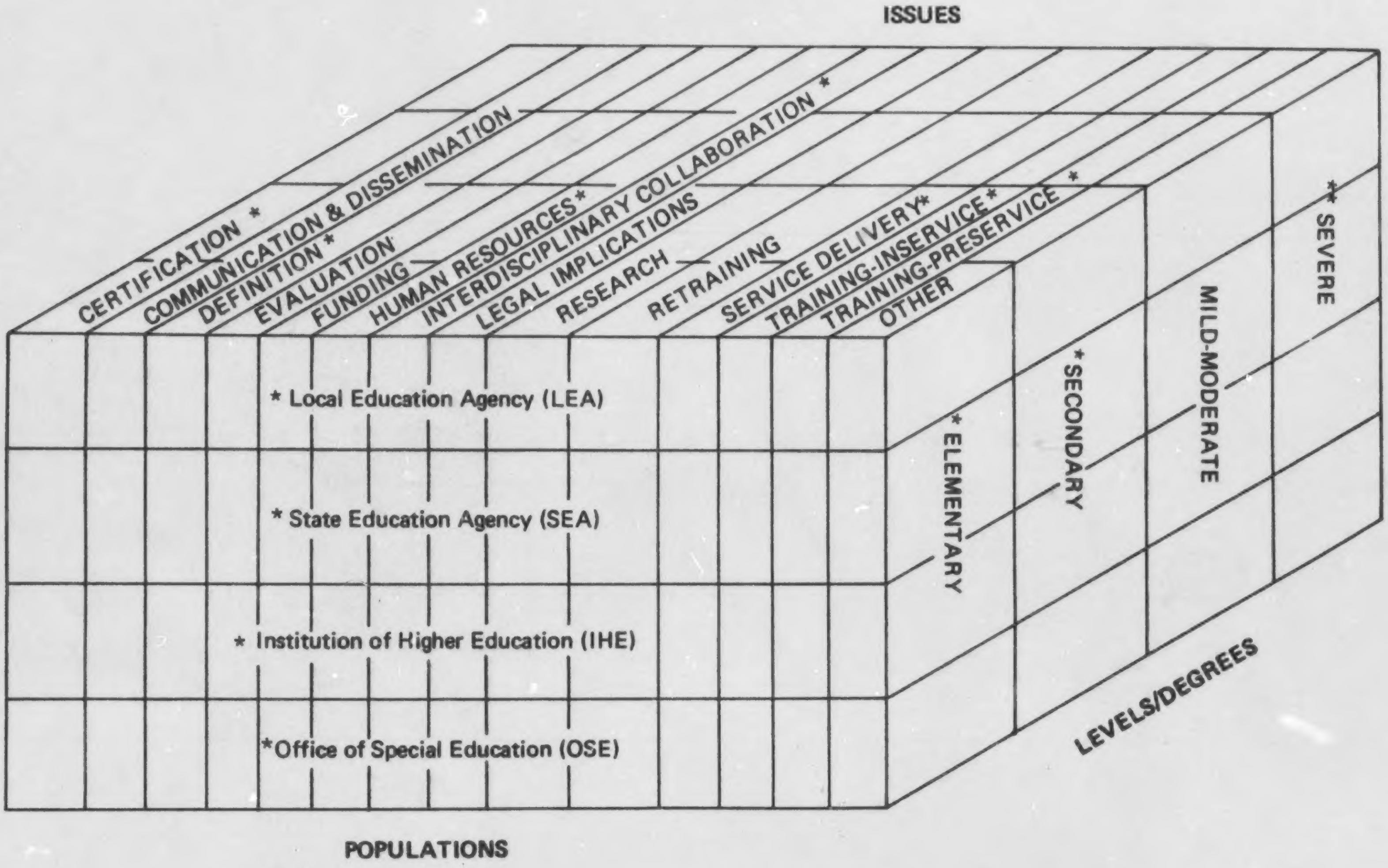
While the project's first document described the needs analysis model in detail, it appears instructive to review some of that information here. Hopefully, even such a brief discussion will help place the work of this specific document in perspective.

The goal of the model's development was seen as a two-fold conceptualization of: (1) the various parameters; i.e., issues, populations, levels/degrees, upon which needs analysis could focus; and (2) a process for organizing these parameters into full scale, indepth analysis of the field of behavior disorders. While the model was developed for application to the entire scope of the field, its organization allows for focusing upon smaller units or segments of this broad field. This flexibility is particularly important in light of the diversity of interests represented in the area of behavior disorders. Thus, the model facilitates approaching comprehensive needs analysis in small units without sacrificing the continuity of the broader perspective. This makes the model unusually useful as a guiding framework for numerous indepth, organized analyses conducted by a variety of different professionals in the field of behavior disorders. In the case of this document, the element of severe behavior was selected as the major unit of concern.

Figure 1 presents a schematic representation of the model. In order to enhance understanding, the following represents a cursory definition of the three major parameters of the model and the elements associated with each. These are presented not as definitive descriptions of the various parameters and elements but rather as a general orientation to those components. In addition, whenever possible, element definitions were extracted from the Education Division General Administrative Regulations (EDGAR) as a means of insuring uniformity of terminology. In all instances, examples have been provided as a means of clarifying the nature of these definitions. A double asterisk (**) indicates the major focus of this document; a single asterisk (*) indicates the related elements that were explored.

Major Parameters

Issues:	Conceptual components within the field of behavior disorders which are sources of incomplete or conflicting information.


ISSUES
CERTIFICATION *
COMMUNICATION & DISSEMINATION
DEFINITION *
EVALUATION
FUNDING
HUMAN RESOURCES*
INTERDISCIPLINARY COLLABORATION *
LEGAL IMPLICATIONS
RESEARCH
RETRAINING
SERVICE DELIVERY*
TRAINING-INSERVICE*
TRAINING-PRESERVICE *
OTHER
* Local Education Agency (LEA)
* State Education Agency (SEA)
* Institution of Higher Education (IHE)
*Office of Special Education (OSE)
POPULATIONS
* ELEMENTARY
*SECONDARY
MILD-MODERATE
** SEVERE
LEVELS/DEGREES

**Major Element of Concern in This Document
*Related Elements That Were Explored

Figure 1
MODEL FOR NEEDS ANAYLSIS IN BEHAVIOR DISORDERS

Levels/Degrees:	The age of the individual with behavior disorders and the severity with which that disorder is manifest.
Populations:	Those public agencies (local, state, and national) under legal mandate to assume primary responsibility for the education of behavior disordered children and youth.

Populations

*Local Education Agency:	A. A public board of education or other public authority legally constituted within a state for either administrative control or direction of or to perform service functions for public elementary or secondary schools in - (1) a city, county, township, school district, or other political subdivision of a state; or (2) such combination of school districts or counties as a state recognizes as an administrative agency for its public elementary or secondary schools, or B. Any other public institution or agency that has administrative control and direction of public elementary or secondary schools, state operated and/or state supported facilities, facilities for neglected or delinquent, intermediate school districts and private facilities. C. The term also includes any other public institution or agency that has administrative control and direction of a vocational education program.
*State Education Agency:	The state board of education or other agency or officer primarily responsible for the supervision of public elementary

	and secondary schools in a state; e.g., State Department of Education, State Department of Public Instruction or State Department of Elementary and Secondary Education. In the absence of this officer or agency, it is an official agency designated by the governor or state law.
*Institutions of Higher Education:	Institutions of higher education including all those that provide training programs in the area of behavior disorders.
*Office of Special Education:	Office of Special Education (formerly Bureau of Education for the Handicapped) with particular emphasis upon the Divisions of Personnel Preparation, Assistance to States and Innovation and Development.

Levels/Degrees

*Elementary:	Those students enrolled in programs from pre-school through grade six.
*Secondary:	Those students enrolled in programs from grades seven through twelve.
Mild-Moderate:	Those students whose educational programs require a moderate degree of control from outside of regular education and whose intervention programs are mildly to moderately intense in nature.
**Severe:	Those students whose educational programs require a high degree of control from special personnel outside of regular education and whose intervention programs are extremely intense.

Issues

*Certification:	State standards for educational personnel in behavior disorders; e.g., differences in degree, level and categorical vs. cross

	categorical or non-categorical.
Communication and Dissemination:	The flow of information among the various target populations regarding the issues and levels/degrees; e.g., dissemination of existing data, and communication of priorities.
*Definition:	Criteria for determining eligibility for services in behavior disorders; e.g., differences in degree, level, and categorical vs. cross categorical or non-categorical.
Evaluation:	The evaluation of all relevant parameters of each of the identified issues; e.g., impact, effectiveness, and appropriateness.
Funding:	Financial resources available to the various target populations; e.g., Public Law 94-142, Public Law 89-313, state and local reimbursements.
*Human Resources:	Quantity and quality of educational personnel serving children and youth with behavior disorders; e.g., current numbers, projected needs, attrition, placement, and numbers of children served.
*Interdisciplinary Collaboration:	Cooperative efforts between and among educational personnel and other disciplines, agencies and organizations that relate to the area of behavior disorders; e.g., welfare, probation, psychology, nursing, National Institute of Mental Health, Council for Exceptional Children, and National Association of State Directors of Special Education.
Legal Implications:	The analysis of the various ramifications resulting from our current state and

	national legislative guidelines; e.g., education vs. therapy, liability of labeling, liability of lack of services, and quality control.
Research:	Investigation of the major concerns in the area of behavior disorders; e.g., current efforts, needed direction, and quality.
Retraining:	Programs providing additional training for teacher educators, state department consultants, and other leadership personnel currently working in the area of behavior disorders.
*Service Delivery:	All models, programs or services of any type to students who have been identified as behavior disordered; e.g., consulting teacher, itinerant teacher, resource room, self-contained classroom, institution, and detention center.
*Training-Inservice:	Programs providing additional training for educational personnel involved in service delivery programs in behavior disorders, including regular and special class teachers and administrators.
*Training-Preservice:	Programs designed to prepare educational personnel in the area of behavior disorders; e.g., undergraduate, masters, specialist, doctoral, certification only.
Others:	Any other issues that are generated by various populations which reflect major concerns for which data should be analyzed in order to assist future planning and implementations.

In summary, as indicated on the model and the ensuing definitions, this document, devoted to severe behavior disorders, focuses upon the following elements:

Issues:	Human Resources, Certification, Definition, Service Delivery, Interdisciplinary Collaboration, Training-Inservice, Training-Preservice.
Populations:	Local Education Agency, State Education Agency, Institutions of Higher Education, Office of Special Education.
Levels:	Elementary, Secondary.

Specifically, this document explores the following issues: (1) the number of served and unserved severely behavior disordered children and youth; (2) human resource concerns at the local education agency level, including data on numbers and types of personnel employed in programs for severely behavior disordered students; (3) the nature of inservice training provided to various professional populations on this topic; (4) human resource concerns at the institutions of higher education level focusing upon the current number of graduates from the programs, and future directions of such programs; (5) the number of projects (research, training and demonstration) that have components specific to severely behavior disordered children and youth which are supported by the Office of Special Education (formerly Bureau of Education for the Handicapped) monies; (6) certification: types, numbers, and patterns; (7) definition of severe behavior disorders; (8) types and numbers of service delivery programs; (9) future program needs; (10) degree and types of interdisciplinary collaboration for severe behavior disorders; and (11) comparison of all these data for elementary and secondary aged students.

Data Collection

Following the model development, the selection of the major elements (severe, adolescent, and human resources) upon which to focus the project's work and determination of the related intersects of each element to be explored, it was necessary to identify within each intersect the specific information to be collected and analyzed. For example, at the severe/local education agency/human resources intersect it appeared appropriate to look at information on the numbers of teachers that local education agencies employ in programs for severely behavior disordered students. Also relevant was the number of such teachers needed and the types and number of ancillary personnel involved in service to severely behavior disordered children and youth. In other words, after determining the various intersects, it was necessary to delineate information associated with each intersect and to generate a set of questions that could guide the collection of data for subsequent analysis.

As one might anticipate, there are instances of overlap of information which facilitate analysis. For example, when looking at severe behavior disorders, it was decided to analyze that degree of severity across the issues of human resources, certification, definition, service delivery and interdisciplinary collaboration as well as across all populations. Accordingly, one intersect examined was severe/local education agency/human resources. Similarly, it was decided to analyze the human resource issues across state education agencies, local education agencies, and institutions of higher education populations and across all levels/degrees. This, of course, yields information regarding the previous intersect: severe/local education agency/human resources.

When all selected intersects had been examined for the relevant information and all necessary questions had been posed to guide data collection, the task became one of determining the source(s) from which to gather those data. It is appropriate to note that the intent of the project was not to generate new data, but to collate, analyze, and disseminate data from existing sources, hence, the emphasis on needs analysis rather than assessment.

The task of determining the sources of data collection was resolved by the development of a three-pronged approach. The first step was national level collection. In this phase information was collected from agencies that are national depositories of information from states. Prominent among these was the Office of Special Education (OSE). The Divisions of Personnel Preparation (DPP), Assistance to States (DAS), and Innovation and Development (DID) were utilized extensively. Within DPP compilations of all funded programs were examined and each was contacted to determine those funded programs which had training or inservice components specific to behavior disorders. From DID information was gathered on all federally funded model programs, early childhood programs and research that related to behavior disorders.

The most extensive data were collected from a variety of sources within DAS. Public Law 94-142 requires that each state submit to DAS a plan for educating the handicapped children within that state. Called Annual Program Plans (APPs), these documents provide data on numerous topics, including: numbers of children identified and served; numbers of teachers and support personnel currently employed and projected need of same; a plan for a comprehensive system of personnel development (CSPD); child find procedures; and policies related to due process, free appropriate public education (FAPE), and least restrictive environment (LRE); etc. Many APPs go beyond the basic requirements and include copies of state regulations, dollars spent, topics for inservice, etc. The project staff examined 1979 and 1980 Fiscal Year APPs for all 50 states and five territories. Additionally, some Fiscal Year 81-83 APPs have been examined. The method by which DAS staff monitor states to insure compliance with Public Law 94-142 is the Program Administrative Review (PAR). These reports are the results of site visits by teams to the state to determine the procedures and services in place and the compliance of those procedures and services with federal regulations. These PARs include data on state policies, service delivery, evaluation, etc. At least one PAR for all but six states was examined (Fiscal Years 77, 78, 79, 80) for data relevant to the project's work. Also of value were the End of Year Performance and Fiscal Reports which summarize data on number of children served, number of personnel involved in that service, and state expenditures for both Public Law 94-142 and Public Law 89-313. In addition to the Office of Special Education, agencies such as the National Association of State Directors of Special Education (NASDSE), the National Institute of Mental Health (NIMH), the National Association of State Training Schools, and the National Center for Education Statistics (NCES) were sources of information.

Following the collection of data on a national level, the second step was to "get behind" those statistics and reports by visiting states to gain an understanding of the quality, source, and interpretation of the information. Six states were selected for direct contact. These states were chosen in an effort to insure adequate representation of the following four relevant variables: (1) urban/rural populations, (2) categorical/non-categorical special education philosophies, (3) varying types and levels of mental health and correctional services, and (4) each of the four categories of "percent of population served in seriously emotionally disturbed programs" as delineated in the Bureau of Education for the Handicapped's 1979 Implementation Report to Congress; i.e., 0.0-0.55, 0.56-0.99, 1.0-1.99, 2.0-3.14. The states selected were: Connecticut, Delaware, Iowa, Massachusetts, Michigan, and Wisconsin.

Within each state, contact was made with numerous people from varying perspectives relative to behavior disordered children and youth. These perspectives included: state education agencies (SEAs); local education agencies (LEAs, including intermediate school districts, and area education agencies); institutions of higher education (IHEs); mental health; and corrections (including division of youth services, training schools or social services). Across all six states the approximate number of people with whom the project personnel met and their approximate job roles (not necessarily titles) are as follows:

1. State directors of special services - 4
2. Comprehensive System of Personnel Development (CSPD) coordinators and/or SEA inservice coordinators - 4
3. Persons responsible for writing the states' Annual Program Plans or portions thereof - 5
4. Behavior disorder consultants for the state education agencies - 2
5. Other state education agency staff - 13
6. Representatives of divisions of mental health - 8
7. Representatives of divisions of corrections or youth services - 8

8. Supervisors of behavior disorder programs for public school districts - 23
9. Principals - 3
10. Social workers - 2
11. Classroom teachers of behavior disordered children and youth - 7
12. Bilingual specialists - 2
13. Residential program supervisors - 4
14. Other local education agency staff - 12
15. College or university faculty - 22 (representing 15 separate programs)

In total more than 100 people from this phase alone were interviewed at length and indepth concerning the issues related to providing education to severely behavior disordered children and youth.

The third phase of data collection involved the continuing (and unending) effort to read the most relevant reports, research, books and newsletters that were available relative to the three main elements selected. Included in this effort was review of the Education for the Handicapped Law Report, state regulations, and scores of published and unpublished reports, research, policy papers, and court decisions.

The result of the integration and synthesis of the data from each of these steps has been recorded and discussed in four documents, this and three others. These four publications in combination with the project's introductory document comprise the dissemination component of the project's work to individuals involved in some capacity with behavior disordered children and youth.

Qualifiers

1. One of the acknowledged concerns of this project has been the quality of data examined. It is readily recognized that the data available are most often not uniform and often of questionable reliability. An example of this are the data available in Annual Program Plans which indicate a state to be fully serving all of its handicapped children. Even cursory perusal of the other conditions in a state (personnel shortages, provisional certification, actual practice in LEAs, etc.) shows clearly that this is not usually the case. There are a variety of reasons that the available data are so poor. Prominent among these are:

   A) Much vital data are simply not collected as a result of: (1) ignorance of the necessity, (2) personnel shortages, (3) inadequate funding for data collection.

   B) Data collected are often inaccurate as a result of: (1) gaps in information, (2) misrepresentation, (3) lack of clarity in the directions on national reporting forms.

   C) Data that are collected are often in different forms across states and across agencies within a state thus negating comparisons.

   Realistically, one of the goals of this project has been not only to examine the implications of the data as they exist, but also to explore problems inherent in that data. Hopefully, such an examination may provide direction for future data collection as well as for implementation of change based on the data.

2. To avoid the inadvertant narrowing of focus that terms such as schizophrenic, juvenile delinquent, or emotionally disturbed may produce, this and the other project documents

use the term "behavior disorder". It is felt that this term, because of its broad scope, conceptually encompasses all the various types and manifestations of problem behaviors that necessitate professional attention. Such a broad conceptual base is a must for a thorough understanding of the model and the project's work. This qualifier is academic in the sense that any term used in seeking information about this population will not be universally understood or accepted. In fact, in this document and the one on adolescent behavior disorders, definition is a major concern.

3. While the broad spectrum of problem behavior is the perspective from which the model and the project was conceptualized, two more narrowly defined groups are the populations upon which data for this project are based. These groups are: (a) the seriously emotionally disturbed population that is legally defined by Public Law 94-142 and those seriously emotionally disturbed children that are served in the state operated/state supported facilities (Public Law 89-313)* as well as in facilities for the neglected or delinquent (Public Law 93-380);** and (b) the educationally identified behavior

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*Public Law 89-313 sets forth regulations for SEAs seeking federal dollars to assist programs for handicapped children in facilities that are operated and/or supported by the state. Examples of such facilities include: residential care for the severely and profoundly handicapped, mental health facilities, etc.

**Public Law 93-380, among other things, sets forth regulations for SEAs seeking federal dollars to assist programs for children and youth who are committed by a state judicial system to state facilities for delinquent youth, to adult correctional facilities, or to facilities for neglected youth. It also includes facilities for such children and youth who are awaiting court decision and not finally adjudicated.

disordered children in need of special educational services. The rationale for this more circumscribed focus lies in the fact that children and youth so defined are the legal responsibility of state education agencies and local education agencies. Both these agencies are charged with the primary educational responsibility for the two aforementioned populations of behavior disordered children and youth. Furthermore, considering the proportion of time per day that a child is in contact with the services provided by those agencies, such a focus reflects what is potentially a significant impact on a child's life. However, the project staff feel that future areas of exploration must include the relationship and interaction of local and state educational agencies with other service agencies and the role of the school in the resolution of non-school problems which affect the education of children. It is, therefore, this project's intent to deal with data from legally mandated educational sources while maintaining a perspective on the broader service environment of which that data are a vital part. Therefore, it is necessary to recognize that the perspective of legally mandated sources may or may not reflect views as perceived by non-mandated sources.

4. State level data collection was limited to six states. While virtually all of the concerns voiced in this document were confirmed across most or all of those six states, they cannot be conclusively assumed to represent all 50 states and five territories.

5. Throughout this document numerous references are made to various statistics, consensus opinions, and interpretations. Due to the project's effort to gather data reflective of actual practice and real problems, it was determined to exclude any site-specific references in order to assure access to such data. For that reason, information gathered from and about states is not footnoted. The reader is referred to the references at the end of this volume for a listing of the general sources of information.

6. As previously discussed in the section on the model, this project's efforts reflect information relative to the specifically selected intersects. Those, however, are only one part of a total analysis of the field. The numerous remaining pieces are open to investigation by other professionals in the field. It is through such a combined effort that a complete picture of the needs of the area of behavior disorders may be addressed and hopefully met.

CHAPTER II

DEFINITIONS

A basic concern of this project relates to the definition of the population under consideration. Therefore, this chapter discusses the project's use of the term behavior disorders and compares it to the term seriously emotionally disturbed as utilized in the regulations for Public Law 94-142. A review of state level concerns and recommendations relative to a definition for behavior disorders is presented. The chapter closes with a specific recommendation from this project regarding a revision of the definition of seriously emotionally disturbed as used in Public Law 94-142 regulations.

Severe Behavior Disorders/Seriously Emotionally Disturbed

Before it is possible to examine other issues relative to the topic of severe behavior disorders, it appears to be necessary to tackle "head on" some of the definitional issues. Of immediate concern is the question: what is severe behavior disorders and how is that similar to or different from the term seriously emotionally disturbed as defined in Public Law 94-142? The decision of the project to use the term behavior disorders rather than emotional disturbance or some other term has been discussed in detail in the project's first document and reviewed in the introduction to this one. Briefly, it is felt that the term behavior disorders is broader in concept and includes most of the various types of problem behaviors with which schools deal and which are the subject of this project's work. Similarly, the term behavior disorders does not tend to narrow the focus on the types of children with whom we are concerned as the terms emotional disturbance, juvenile delinquent, etc., might.

It appears appropriate to assume that disordered behavior occurs on a continuum of least to most severe. The regulations for Public Law 94-142 use the term seriously emotionally disturbed. It is unclear whether the intention of the regulations was that: (1) only the seriously emotionally disturbed are eligible for service for which the state can receive federal dollars in support, or (2) this label applied to the entire continuum of disordered behavior. However, in either event, within this category of seriously emotionally disturbed there is a range of severity of behavior. It is the more severe of that population that the project refers to under the title severe behavior disorders. Although it would appear logical to simply equate severe behavior disorders with seriously emotionally disturbed, this is not possible for two reasons: (1) in the state visits it became apparent that states are providing special education services to a wide range of mild, moderate and severe behavior disordered children and youth all under the label "seriously emotionally disturbed" (the appropriateness of this will be discussed later); and (2) since this project was concerned with the most severely involved end of the continuum of children and youth that are served with federal dollars it became necessary to equate severe behavior disorders with the most seriously disturbed of the children and youth identified by the states as seriously emotionally disturbed. Thus, throughout this document, severe behavior disorders refers to the most severely handicapped of the children and youth so identified by state and local education agencies for the purposes of federal funding. In some states very severely disordered children and youth are served under labels that do not or may not translate into federal child counts; i.e., chronically disruptive or juvenile offender. In these cases the term severe behavior disorders also applies. Only in this somewhat circuitous manner was it possible to separate out data on the most difficult behavior problems from the data on all difficult behavior problems. The children and youth who are severely behavior disordered as defined in this document include students often labeled as delinquent, schizophrenic, autistic, troublemakers, truants, aggressive, acting out, socially maladjusted, withdrawn; e.g., all types of the severest behavior problems that are served or should be served by public and private agencies. These are the children and youth who are primarily in self-contained, segregated classes or facilities. It is recognized that some severely behavior disordered children and youth are not necessarily in segregated programs. This is especially true of the severely withdrawn types of psychiatric problems. It is also true of some severely behavior disordered children and youth for whom less restrictive programming is appropriate. Thus, this project does not intend to say that severity can automatically be equated with segregated program models. However, in practice the vast majority of severely behavior disordered children and youth are in self-contained and/or segregated classes or facilities.

State Concerns About Federal Definitions

The above discussion brings us directly to the next issue in question relative to behavior disorders. The most consistently and intensely voiced concern across all states and all populations (personnel from state education agencies, local education agencies, institutions of higher education, mental health and corrections) was the term seriously emotionally disturbed and its accompanying definition as delineated in the regulations for Public Law 94-142. The most frequently repeated concerns are discussed below.

1. The label "seriously emotionally disturbed" tends to focus attention on children and youth with disturbances of behavior that are psychiatrically defined and/or intra-psychic. While these children and youth are appropriate for services by public education, they are only a small portion of the types of serious problems that public schools face. Many of the most serious school concerns involve behavior that has no psychiatric overtone.
2. The label seriously emotionally disturbed is more stigmatizing than other label options because the label carries an inherent reference to parents and the quality of the "job" they did raising their children. The concern expressed herein is that parents feel that the admission that their child is seriously emotionally disturbed is an admission that they are "at fault" for the handicap and must bear "blame" and/or "guilt". While parents may be contributing factors in the disturbance of some children as labeled, they are not so in many more instances.
3. As indicated previously, it is unclear if the regulations intended that the term seriously emotionally disturbed refers only to the most serious end of the mild/moderate/severe continuum or if it encompasses the entire spectrum. If the former is the case, then many state personnel expressed concern that the qualifier "seriously" was applied only to the category of behavior disorders and not to other handicapping conditions.
4. Much concern was expressed about the actual definition accompanying the term seriously emotionally disturbed. The

definition is a variation of the Bower and Lambert (1961) work. For 15 years this definition has been used in the field and by some state education agencies to identify a range of problem behavior in children; i.e., from mild to moderate to severe. The sudden use of this same definition with a label of seriously emotionally disturbed attached has caused a great deal of confusion. In some instances the same broad range of children are identified as had previously been, but are now being called by a more severe label; i.e., seriously emotionally disturbed. This practice does a disservice to those mildly and moderately involved children who now bear the label of seriously emotionally disturbed. In other instances states have attempted to identify only the most seriously disordered children but find it nearly impossible given the broad criteria of the definition.

5. A further concern about the definition itself is the distinction between emotional disturbance and social maladjustment. Although many states are making valiant efforts to develop consistent and fair criteria for determining if given behavior problems are indicative of "social maladjustment" without "emotional disturbance" the prospect is bleak. There is no clear-cut evidence or thought in the field which delineates the distinctions between these categories. No guidance is provided in the law or regulations. Further, local education agencies are rightfully concerned about any student who cannot benefit from regular education services and therefore needs special educational services. The trend in states is to label problem students as emotionally

disturbed and not be overly concerned about the distinctions. Most "socially maladjusted" students will meet one or more criterion of the seriously emotionally disturbed definition. Unless Congress or the Office of Special Education can define social maladjustment in a manner that is clear and consistent, current practice will probably remain unchanged.

State Definitions

Public Law 94-142 does not impose its specific definition of seriously emotionally disturbed on the states (although a state's definition must be judged to be identifying an equivalent group of children in order for the state to be eligible for federal dollars). Therefore, there is great diversity in the definitions used throughout the states and territories. About 1/3 of those definitions are the same as, a variation on, or an extension of the federal definition. The remaining ones run the gambit from identifying very narrow populations to hopelessly broad criteria. With regard to autism, the most currently obtainable data indicate that less than five states have a separate definition for this population (an issue to be discussed later). Several more are considering such a change. No state or territory has a definition that reflects a distinction between the most and least disturbed children and youth under that particular conceptualization. For that reason, some arbitrary decisions were necessary on the part of the project staff in order to select data that speak specifically to the needs of severely behavior disordered children and youth as defined in this document. The determination of that population varies from state to state. Some states have, in addition to a behavior disorders category, a category that is specific to severe children; e.g., chronically disruptive or autistic. Most states have a variety of service delivery ranges, some for more severe students. Thus, in a given state "levels 6, 7, and 8" or "prototypes .3, .4, .5" or rooms "weighted 4.0" (as opposed to 1.7 or 2.0) may be settings in which most of the severe populations are served. Additionally, a case can be made for the assumability of severity when institutionalization is required; i.e., mental health hospitalization, facilities for adjudicated youth, and private residential facilities chosen in lieu of public school placements. By combining these criteria, it is possible to isolate information relative to a range of issues specific to the needs of severely behavior disordered children and youth.

State Recommendations for Definition Change

The suggestions for resolution of the concerns with the federal definition of behavior disorders are aimed directly at change of the law as it now exists. Many people suggested that the term seriously emotionally disturbed be replaced by the term severely behavior disordered or simply behavior disordered. If the term emotionally disturbed is maintained, then most state and local education agency personnel favor dropping the "seriously" altogether in order to regain balance with the accompanying definition. Instead of changing the label or in addition to changing the label (usually the latter) there was consensus among state people that the socially maladjusted issue must be addressed. Opinion here is dichotomized. Many felt strongly that the distinction is not a valid one and should be eliminated from the definition. Not only is it impossible to make such a distinction, but schools should be free to provide special educational services to those students who do not benefit from the regular program. Prior restriction on that goal does a disservice to many children and youth. Others felt that the concept is a good one; that is, general social deviance is not a "condition" that warrants or benefits from special education as it is conceived in Public Law 94-142. However, these individuals agree that federal level guidance on making the social maladjustment/emotionally disturbed distinction is imperative. In categorial states, there was unanimous opinion to the effect that a categorical definition was a benefit to service delivery and that the Office of Special Education should maintain both a categorical definition and categorical philosophy.

It cannot be reiterated too strongly that almost without exception, local and state education agency personnel in all sites visited are dissatisfied with the current label and definition for this population of children. The consensus is that this is not a matter of initial discomfort with an unfamiliar law, but an ongoing problem which continues to impede service delivery for behavior disordered children and youth. Only radical change of that segment of the law and regulations will ease their problems.

Project Recommendation for Definitional Change

Based on repeated and intensely expressed concerns from virtually all people interviewed (SEA, LEA, IHE, mental health and correctional personnel), the project staff has become convinced that: (1) the concerns expressed about the definition of seriously emotionally disturbed are more than an initial discomfort and/or adjustment to unfamiliar regulations; (2) the concerns are not going to resolve themselves given time and increased familiarity; and (3) as remote as the possibility may seem, it appears necessary to recommend a change of the definition and terminology in Public Law 94-142 and its regulations if consistency, order, and full service delivery is going to result from the use of a definition.

Utilizing the suggestions from individual personnel interviewed and from the project's broader perspective of opinion expressed across several states, as well as extensive reading of the literature, and input from its Advisory Committee, the National Needs Analysis project is suggesting a revised definition which it views as an appropriate replacement for the one currently utilized in the regulations for Public Law 94-142. The rationale behind the proposed definition is not new or radical, it is simply a revision based upon what is considered sound thought and suggestion from various persons in the field. The recommended definition change follows (the numbering system is consistent with the current regulation format):

(8) Behavior Disorders is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are emotionally disturbed, autistic and socially maladjusted.

For those readers familiar with the current definition, it is apparent that the suggested change rests in the label itself and the removal of the exclusionary clause. The reasons for this suggested change are reflected in the following discussion.

The rationale for the use of the label behavior disorders is dealt with extensively in earlier parts of this document and in the project's first publication. Briefly reiterated, the consensus of feeling from the people interviewed and from the project staff's perspective is that emotional disturbance connotes a psychiatric problem that may have poor parenting as the cause. The validity of this connotation is not the issue as much as the fact that common usage and general perception supports it. Schools are faced with a variety of disordered behavior that is severe enough to warrant determination as a handicapping condition. Only some of those behavior disordered children and youth are so labeled as a function of emotional disturbance. Therefore, behavior disorders is a broader conceptual term that describes overt behavior and makes no assumptions about etiology. Emotional disturbance is one "condition" that may result in disordered behavior.

Some of the field's literature has suggested that the term behavior disorders is so broad that its use would result in "over-identification" of children as behavior disordered. There are three distinct rebuttals to this concern: (1) the qualifiers to the definition, i.e., "....characteristics over a long period of time, to a marked degree, which adversely affects educational performance" make it clear that just any behavior that meets one of the five criterion and which a teacher or school administrator finds disagreeable is not reason enough for the label behavior disordered. The qualifiers to the criteria are as important to the definition as are the criteria themselves; (2) in actual practice, many states have essentially ignored the term emotional disturbance and identified all children and youth who fit into the guidelines of the definition. Some states even use the term behavior disorders in their state regulations. This has not resulted in any discernable "over-identification" of the behavior disordered population, as witnessed by the fact that most states are serving far below the conservative two percent prevalence estimate. Perusal of the labels used by states and the percentage of children served as behavior disordered does not reveal a direct correlation; i.e., states that use the term behavior disorders are not identifying substantially more children than states who use the term emotional disturbance; and (3) in fact, one goal of the use of the broader term behavior disorders with no exclusion clause would be some increase in service delivery. This document was introduced with figures that indicated that approximately 2/3 of all behavior disordered children and youth (by conservative estimate) are unserved. It would appear that some degree of increased broadness is appropriate.

While the inclusion of autism under the label emotional disturbance is certainly questionable (this is true for many types of behavior disorders) its inclusion under the label behavior disorders appears appropriate. The two major concerns expressed by those who have advocated to remove autism from the definition of emotional disturbance are: (1) the implied etiology of emotional disturbance and (2) programming which is not appropriate for autistic children results from the emotional disturbance label. The first concern is dealt with very directly. There is no implied etiology with the term behavior disorders and autism certainly is manifest in disordered behavior. The inclusion appears appropriate from that stance. The concern that programming for autistic children should be different from programming for seriously emotionally disturbed children or behavior disordered children implies that autistic children are a homogeneous group requiring one set of interventions while other behavior disordered or emotionally disturbed children are different homogeneous groupings requiring a different set of interventions. Nowhere is there an inference either in the current term seriously emotionally disturbed or in the recommended term behavior disorders that one set of programming interventions is appropriate for all children so labeled. The fact is that each child's needs determine his/her program and the IEP is the appropriate mechanism for determining that individual program. The term behavior disorders as an umbrella term which includes autism will not interfere with appropriate programming for any child, austistic or otherwise.

The inclusion of social maladjustment under behavior disorders will initially be misconstrued by many. It appears that an informal and erroneous assumption has developed that social maladjustment is equated with juvenile delinquency. Social maladjustment is not viewed by this project as synonymous with delinquency. Delinquency is the label which results when children and youth are adjudicated. Adjudication is not a criterion for determination of disordered behavior. It is possible, even likely, that some youth who has been or will be adjudicated (and therefore delinquent) may be identified as behavior disordered. However, the determination of behavior disorders results from application of the definition criteria and is not determined by a child's or youth's legal status.

In summary, it is felt that this definition will provide SEAs and LEAs with clear, consistent guidance in their efforts to provide services to children and youth whose behavior is so disordered as to constitute a handicap within public education. The proposed definition makes clear that any "type" of disordered behavior; i.e., emotional disturbance, social maladjustment, autism, etc., is appropriate for service delivery if it meets the criteria and qualifiers of that definition. Attempts to remove certain "kinds" of behavior problems appears questionable and counterproductive.

Summary

The definitional problems relative to the term severe behavior disorders, behavior disorders, seriously emotionally disturbed, and any other term used to identify youth with problem behavior are multifaceted. There is controversy concerning what constitutes the "best" term, the definition for such a term, and implications of changing terms, etc. For that reason, in this chapter, the project has described the term to be used in this document and the population to which it refers. A discussion has been presented of the different perspectives of the definitional controversy. It is felt that while services can be and obviously are provided to students with problem behavior, more such students would be identified and served if more clear-cut guidelines emanated from federal regulations. For that reason, the project has offered a revised definition that it sees as a viable replacement for the one currently used in the regulations for Public Law 94-142.

CHAPTER III

HUMAN RESOURCES

In examining the topic of human resources, it is necessary to explore several discrete but related issues. This chapter first considers the prevalence of served and unserved severely behavior disordered children and youth. Certification patterns (a quality issue) among the teachers providing service to these children are examined, and attention is also directed to the ancillary personnel involved with this population. The chapter then turns to the topic of need (quantity issue) for teachers and ancillary personnel. Attrition and its effect on human resources is considered as is a broader discussion on certification in general.

Prevalence of Severe Behavior Disorders

It is difficult to determine the prevalence of severe behavior disorders separately from the entire range of behavior disordered children served in each state since states do not usually "break out" their statistics along those dimensions. However, by compiling figures for behavior disordered children and youth in state owned and state operated facilities, in private placements, in mental health facilities, in more restrictive behavior disordered classroom environments, and for any students identified under a state label for more severely disturbed students, it is possible to obtain some estimates on the numbers and percentages of severely behavior disordered children and youth being served.

In one of the states visited a total of 3,133 children and youth were identified as behavior disordered. The state count indicated that some 355 severe behavior disordered children are being served in public school programs, 163 of whom are labeled as autistic. Federal counts indicate another 152 labeled behavior disordered chidren and youth are being served in 89-313 facilities (state operated and state supported, including facilities for adjudicated and a few local education agency operated and supported). Additionally, 148 children and youth are served in mental health facilities, and an estimated 20 students are served in private residential facilities. Therefore, approximately 675 children and youth out of the entire labeled behavior disordered population of 3,133 constitute the severely behavior disordered children and youth. Thus, of the total state behavior disordered population, slightly over 20 percent are considered severely behavior disordered. Of the other states for which it was possible to compile similar figures the percentage of severely behavior disordered children and youth remained around 20 percent of the total behavior disordered population (19 percent to 23 percent). In states where all adjudicated youth are automatically considered behavior disordered the percentages are inflated. However, in states where this situation was encountered, the indication was that this procedure was in the process of being changed.

Of course, within the states visited, the total percentage of behavior disordered children and youth identified ranged from .5 percent to 3.2 percent of the school population. Therefore, the 20 percent figure represent a considerable range in terms of actual numbers of severe behavior disordered children and youth served (20 percent of .5 percent of the school population or 20 percent of 3.2 percent of the school population). Still it is interesting that, based on a limited sample, whatever the actual number of behavior disordered children and youth identified, approximately 20 percent of those youth are the most severely disordered. If these kinds of data prove accurate in further investigations, they should be helpful, particularly in terms of long range planning for service delivery personnel.

Estimates on Unserved Severely Behavior Disordered Children and Youth

It is virtually impossible to accurately assess the numbers of unserved severely behavior disordered students. Only one of the six states visited had current figures on the subject. Another had slightly dated estimates. Those figures suggested that from 10 to 40 percent of the identified behavior disordered students were not receiving special services. Many of those were not receiving services due to parents' refusal to allow placement. This factor appears to reduce that unserved number by half. Of the remaining 5 to 7 percent there is no way to determine what proportion are severely behavior disordered since treatment environment is the major factor used in this document to distinguish severe behavior disorders from all behavior disorders. It was, however, the subjective opinion of personnel from all states that the unserved behavior disordered children and youth (unless unserved due to lack of parental consent) were usually at the severe end of the behavior disordered continuum. They were often adolescent age and were not enrolled in school, continually truant, and/or continually suspended. Due to the difficulty of their problems and the often unpleasant and non-reinforcing task of working with them, they are "left alone".

The 5 to 7 percent figure is deceiving in that it appears small and rather insignificant. However, when considered in light of the fact that is represents 5 to 7 percent of the identified behavior disordered population and that total figure is usually from ½ to 1½ percent below national prevalence estimates, the numbers behind those percentages assume more alarming proportions.

Across all states, personnel interviewed expressed concern that large numbers of severe behavior disordered children were unserved. Often cited as a major obstacle to an accurate determination of the size of the problem is the fact that as of September, 1980, federal law mandates that all identified handicapped must be served. Local and state education agencies are understandably concerned, therefore, about identifying more behavior disordered children and youth than their service delivery systems can accommodate. Many state and local people felt that identification is being delayed for numerous children until program "space" becomes available. Given such a practice, on the surface, there are no waiting lists of identified but unserved children and youth. One of the states visited has survey data to this effect, i.e., as soon as new programs are made available, there are behavior disordered children immediately ready to fill them. While it may be understandable that states do not wish to compile lists of activities that show them to be in noncompliance with Public Law 94-142, there are some serious problems with "delayed identification". Notable among these is the fact that without documented need it is difficult to obtain funds for additional services. In addition to those severely behavior disordered children and youth who are simply going unserved, many others are suspected to receiving "substitute" services, thus dealing with their problems in a "stopgap" fashion. Inadequate services in the form of inadequately certified teachers, homebound instruction used inappropriately, resource rooms used when self-contained environments are warranted, etc., may be just as problematic for severely behavior disordered children as no services. All these various problems provide obstacles to accurate data collection on population needs. This, in turn, seriously threatens long term program planning in the area of severe behavior disorders.

Certification of Teachers for the Severely Behavior Disordered

In the states visited and according to federal reporting by other states, a surprisingly low number of severely behavior disordered children and youth are being served by uncertified personnel; e.g., persons not certified in behavior disorders. This appears to contradict the fact that lack of certification is an often cited compliance problem in PARs. It would appear that such citations occur as a result of a few cases found in many different states. Overall there are not large numbers of uncertified people in the states' service delivery systems for severely behavior disordered. These numbers are, however, very misleading. While state statistics may show that all but one or two teachers of severely behavior disordered students in a given facility are certified, inspection of the type of certification held is the real issue. All states carry some provision in their regulations which allow for "temporary", "provisional" or "emergency" certification. Requirements for obtaining such certification vary widely. In some states a relatively strict code may require that a person have some coursework in behavior disorders (in addition to other requirements) in order to get a temporary certificate. In other states it is possible to obtain such a certificate without even having a regular education teaching certificate. Thus, in order to understand the overall quality of certification of personnel involved with severely behavior disordered students it is necessary to peruse data on types of teaching certificates.

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While the problem exists in public schools, most particularly in rural areas where trained personnel are fewer, the most common use of temporary certification is in mental health and youth correction facilities. The reasons for this phenomenon are varied. In some places hiring systems assure continued employment to teaching staff hired prior to Public Law 94-142 requirements. That staff, for whom behavior disordered certification was not a requirement when hired, can maintain their positions by "working toward" certification in behavior disorders at the rate of three, six or nine credit hours per calendar year. In a given facility, for example, it is possible to have all of the teachers who work with severely behavior disordered adjudicated youth on temporary certification, renewable each year as long as progress continues toward a degree and/or certificate. In some states, particularly those with serious personnel shortages, mental health as well as correctional facilities find themselves faced with large numbers of temporarily certified staff due not only to such "grandfathering" but also to staff attrition, specifically certified persons taking higher salaried jobs within the public school. This situation is particularly distressing to institutions that are committed to improved quality and which choose to use money incentives to encourage their staff to work toward full certification in behavior disorders only to lose them to public schools when they achieve that full certification.

State and local education agencies are dichotomized relative to their position on the issue of temporary certification. Some persons feel that temporary certification is the only vehicle for getting a comprehensive statewide service delivery system in place. Given the current and ongoing shortage of certified teachers in behavior disorders it is necessary to use temporary certification as a means of getting programs started. Once programs exist, states can continue the slow process of training and hiring fully certified teachers. (Most state teacher training institutions combined are providing 1/5 or less of the needed teachers each year for their state.) Proponents of this position also argue that many of the temporary certificates go to quality persons whose background is appropriate to the population with whom they work.

Other state and local personnel have taken the position that large numbers of temporarily certified teachers lower the overall quality of services to severely behavior disordered children and youth. Further, the problems encountered by inadequately certified teachers offset any advantage accrued by getting the appropriate number of programs in existence sooner. Proponents of this position feel it is preferable to build service delivery programs only at the rate that strong (certified) teachers are available to teach them.

There is, of course, merit in each position. However, there is increasing pressure to assume the former stance by virtue of the 1980 deadline for services to all handicapped children. If massive numbers of temporarily certified persons are needed in order to keep a state in compliance and hence not jeopardize federal funds, then that will continue to be a pattern and will most likely increase over the 1981-83 Fiscal Years.

Probability of increased temporary certification not withstanding, most state personnel, whether they resist the move or embrace it as a realistic necessity, feel that it lowers the quality of service delivery to severely behavior disordered children and youth and creates credibility problems with regular education personnel and parents. Furthermore, since the severely behavior disordered child is usually more difficult to work with, the problem is compounded when fully certified behavior disordered teachers take positions serving more mildly disordered children. This leaves proportionately more vacancies in the programs for the severely behavior disordered, thus, proportionately more temporarily certified teachers.

States do not "break out" their data on certification according to severity since only one certification is used for all teachers of behavior disordered children. However, using the rough 20 percent figure presented earlier, it is possible to estimate the number of less than fully certified teachers. If 15 percent of a state's employed behavior disordered teachers are less than fully certified, 20 percent of that (or 3 percent) represents the approximate number of less than fully certified teachers in the area of behavior disorders. However, as previously discussed, there is reason to believe that such an estimate is low since there tend to be proportionately more temporarily certified persons involved with the more severe students. Additionally, smaller teacher-student ratios in programs for severe behavior disordered children mean that more than 20 percent of the teachers in the area of behavior disorders are involved with the severe population. The actual percentages of temporarily certified personnel in the states visited ranged from 3 percent to 23 percent.

These figures represent all of a state's certified teachers in behavior disorders. If the data were broken down by setting, i.e., public school, mental health facilities and youth correction facilities, the percentage of less than fully certified teachers in public schools would be considerably lower than the percentage of less than fully certified teachers in mental health and youth correctional facilities. The range of temporarily certified teachers for labeled severely behavior disordered children and youth in these latter settings was from 3 percent to 51 percent in the states visited. If the data were broken out according to rural/urban settings there would again be a large discrepancy. Many urban areas have no temporarily certified teachers in behavior disorders, while many rural areas have up to 75 percent of their behavior disordered teachers temporarily certified. These issues and many others related to certification in general are discussed in detail in the document on human resources. It is possible, however, to see that states face problems not only in total numbers of temporarily certified people for severely behavior disordered students but also in the distribution of those teachers.

Ancillary Personnel Serving the Severely Behavior Disordered

Federal reporting as well as the project's visits indicates that all states have personnel in addition to teachers involved in providing services to behavior disordered children and youth.

These include:

adaptive physical education personnel
aides
consultants
juvenile officers
nurses
occupational therapists
physicians
physical therapists
psychiatrists
psychologists

school counselors
speech therapists
social workers
substitute teachers

In larger public school districts a child may have access to several or all of the above. This is also true in most state operated or state supported facilities. In rural areas only a very limited number (one or two) of ancillary personnel may be available. This latter situation causes a serious dilemma for staff involved in writing IEPs for severely behavior disordered students. Ongoing practice reveals the inclination of committees to recommend for students only those services that are available, which is not necessarily synonomous with what a student needs. In areas with severely restricted access to ancillary personnel it is felt by most state and local people that students are not receiving the most appropriate combination of services.

Projected Need for Teachers and Ancillary Personnel

In order to assess the current and future need for teachers of severely behavior disordered children and youth, it is necessary to begin with the states' data on projected need for all behavior disordered teachers. Most states have well documented data relative to the number of behavior disordered teachers employed and needed for the current year (and projected for future years). However, the raw numbers for each state can not yield any meaningful comparisons or ranges because of varying state size. For that reason, the number of teachers needed has been added to the number of teachers employed yielding a figure for the optimal number of teachers in the field of behavior disorders. Teachers needed are then examined as a percentage of the optimal number. For example, if a state employed 70 teachers in behavior disorders and needed 30 more, the optimal number of teachers would be 100. This means that the state is experiencing a 30 percent shortage of teachers for all behavior disordered students. To estimate the need for severely behavior disordered teachers it is necessary to use the 20 percent estimate presented earlier. Thus, of the 30 percent teacher shortage in the example state, 6 percent represents the shortage of teachers for severely behavior disordered children and youth. Keep in mind, however, that this estimate is probably low due to the lower teacher-student ratio for severely behavior disordered students.

In the states visited, the shortage of teachers for only the severely behavior disordered students in 1978-79 ranged from 1 percent to 12 percent with most grouping in the upper half of that range. For the 1979-80 school year and subsequent years through 1983, the percentage (not just numbers) continues to rise. That is, increased demand coupled with attrition outdistances supply. As a field we seem to be losing on the problem as opposed to gaining. This pattern will probably continue for the next three to four years until program size predictably should "top out". These estimated figures on need are disturbingly high. They are even more distressing in light of their decidedly conservative nature.

The picture is much the same for ancillary personnel. The estimated range of shortage for all ancillary personnel positions serving behavior disordered students is from 13 to 20 percent or a 2½ to 4 percent shortage specifically for the area of severe behavior disorders. Again, the conservative nature of the estimate is as disturbing as the figures themselves.

Attrition and "Burn Out"

When discussing need and attrition in behavior disorders, it is critical to give consideration to the phenomenon of "burn out". There appears to be an informal practice within the field of behavior disorders to equate the concepts of attrition and "burn out". This is not an accurate or useful practice. Attrition is a broader term which refers to the numbers and/or percentages of persons who leave a given employment position in a year or set of years. There are many reasons for attrition: (1) advancement within the field; (2) parallel movement, i.e., from teaching in one district to teaching in another - this may be the result of moving to a more desired geographic location, to assume a more desirable job, to accommodate a spouse's employment, or to be near family, etc.; (3) "burn out"; (4) temporary retirement from the field; (5) returning to school for additional training, etc. Attrition simply refers to the total number of persons who leave a given job. "Burn out" is a subcomponent of attrition. It refers to those persons who become tired, frustrated, or unhappy, with their positions and with the whole field of endeavor and who leave that field permanently. The stereotype example of this is the classroom teacher of severe behavior disordered children. The students are difficult, the class demands high energy levels on a constant basis and the reinforcement system is not adequate. After one or two years the teacher is "burned out" and leaves the field of behavior disorders altogether.

Although "burn out" is a serious concern among many of the persons interviewed, it is also obvious that the overall attrition rate is much higher than the rate for "burn out". It is not sufficient to assume that the personnel shortages which the field of behavior disorders is experiencing can be "written off" to "burn out". Some "burn out" exists, but other factors related to general life goals (economics, mobility, and self-selection) play at least as important a role.

Attrition Rates. The teacher shortage problem is exacerbated by high attrition rates in at least some areas of all states. Generally speaking, rural areas experience more attrition than do urban areas; adolescent programs experience more attrition than do elementary programs, and programs for severe behavior disorders experience more attrition than do programs for mild behavior disorders. In each state, reports ranged from "little" attrition to "high" attrition (50 percent or more). More states reported the higher turnover rates. In one state an excellent study by Smith (1979) was conducted on attrition. The results indicated that, averaged across all geographical areas and ages, in the five years from 1973-1978, there was a 53 percent loss of personnel in behavior disorders. The first year (1974-75), 21 percent of the teachers hired in 1973 were no longer in their job positions. Another 7 to 11 percent was added each year until 1978-79 when only 47 percent of the original group of teachers remained. Even an optimistic interpretation would indicate that attrition is draining both expertise and dollars from the field.

Attrition Rate Comparison. As indicated, over a five year span (1973-1978) one study found a 53 percent loss of personnel in behavior disorders. The comparison of this figure for attrition in behavior disorders to the figures for attrition of personnel involved with other areas of handicapping conditions is very interesting. Following are the five year attrition rates for personnel in other areas of special education as well as selected ancillary personnel.

Mentally Handicapped	47%
Orthopedically Handicapped	51%
Blind	41%
Hearing Impaired	44%
Trainable (Mentally Retarded)	46%
Learning Disabilities	34%
Speech Correction	41%
Social Worker	39%
School Psychologist	41%
Homebound	38%
Consultant on Physical Impairment	50%
Consultant on Mentally Handicapped	54%
Occupational/Physical Therapist	34%

Only one group (Consultants on Mentally Handicapped) have a higher attrition rate (54 percent) than do personnel in behavior disorders. Except for those two, the range of attrition is 34 percent to 51 percent. Although attrition over a five year period is more than half of the work force in behavior disorders, the "best" attrition rate (learning disabilities and occupational/physical therapists) still indicates that 1/3 of the persons in a given job leave it.

Due to the known problems in behavior disorders relative to the available quantity and quality of personnel for teaching and administrative positions, a 53 percent attrition rate is alarming. However, there is a need to examine this attrition rate not only in comparison to the rates of other special educators, but also to regular education and to non-education jobs. It must first be determined how much attrition is "normal" and then develop strategies for reducing excess amounts. This issue is dealt with in more detail in the document on human resources.

Certification Revisited

Many of the certification issues related to severe behavior disorders have been discussed earlier in this chapter. However, a few additional issues were addressed in the data collection. No state has a definition of severe behavior disorders separate from a definition of mild/moderate behavior disorders. It follows, logically, that no state carries a certification for severe behavior disorders separate from a mild/moderate behavior disorders certification. The closest thing to such a phenomenon occurs in states that have non-categorical (or multi-categorical) certification for teachers of the mildly handicapped (usually some combination of learning disabilities, behavior disorders, orthopedically handicapped, and educable mental retardation). They may also have a non-categorical certification for the severely handicapped. In practice, however, this latter category usually reflects severe mental retardation. In general, state education agencies responded that such a certification distinction was not anticipated in their state. Thus, the teachers involved in service delivery to severely behavior disordered students usually hold certification in the broader area of behavior disorders.

The exception to this practice is in the subset of autism. A few states now carry a definition of autism in their state regulations that is totally separate from the behavior disorders definition. To date, this phenomenon is for the purpose of identification as opposed to service delivery. More states anticipate that similar action will occur in their state. On the other hand, some states have considered the issue of autism as separate from other behavior problems and have rejected the concept. It remains to be seen if the separation of the autism definition will become a significant trend. It is likely that the next five years will see the advent of a few training programs with components specifically geared to autism and perhaps some separate state teacher certification for autism. There is a great deal of divided and intense disagreement within the field concerning the appropriateness of this separation. Some further discussion of this appears in a later chapter.

Summary

It becomes readily apparent that there are some serious problems with both quantity and quality of professional personnel in the area of severe behavior disorders. There are not enough teachers to fill existing vacancies for the "served" population. If one adds to that the number of teachers needed for the as yet unserved severely behavior disordered population, a large deficit of teachers is apparent. A parallel situation exists with ancillary personnel. Conservative estimates indicate that, with certain geographical exceptions in each state, there are major problems in obtaining staff to provide services to these students. This is a serious quantity problem. Equally serious is the quality problem represented by the large numbers of temporarily certified teachers. Particularly at the severe end of the behavior disorders continuum, numerous agencies and theoretical models must come together under state education agency direction in order to meet these needs. Personnel planning is a complex issue dependent upon a number of factors. Some of those will be discussed in subsequent chapters.

CHAPTER IV

TRAINING: PRESERVICE AND INSERVICE

This chapter presents information gleaned by the project as it explored the general area of training. For its purposes, the project defined preservice as college training leading to a degree and/or certification which preceded employment with the population under consideration. Examined within this framework were the number and nature of training programs within institutions of higher education and the numbers of persons trained. Inservice, on the other hand, was defined as training delivered to personnel currently employed in serving severely behavior disordered children and youth. These data are organized according to the various service delivery systems in which personnel are employed. Finally a critical exploration of the concept of inservice is presented.

Preservice - Program Content

Although services to severely behavior disordered children and youth occur in different environments, i.e., public schools, facilities for neglected or delinquent, mental health facilities, and private schools, there appears to be virtually no systematic effort to train teachers differentially at the preservice level. Almost without exception, colleges and universities report that the only distinction in training programs relative to eventual service delivery environment is the type of placement a student receives for his/her practicum (student teaching) experience. This is consistent with state certification patterns which also do not differentiate between service delivery environments with regard to type of certification issued. This is not to imply that such distinctions should be made, but simply to reflect on the concern expressed by many state and local education agency persons that graduates of preservice training programs are often not prepared for the jobs ahead of them, particularly in youth corrections, mental health facilities, and adolescent age severely behavior disordered programs.

Related to this issue about service delivery environment is the concern that, in general, students exit training programs unprepared to deal with the more severely behavior disordered students. In other words, most training programs prepare teachers for a generic group of behavior disordered students and there is little specific emphasis on the special needs relative to the extreme end of the continuum. For the most part, teacher trainers agree with this characterization of preservice programs.

Some institutions of higher education have attempted to address this concern by emphasizing severe behavior disorders among the handicapping conditions included in multi-categorical, cross categorical or non-categorical training programs for "severely handicapped". The general consensus (institutions of higher education personnel as well as state and local education personnel) is that because of the historical background of these programs and the training of the faculty involved in teaching the coursework, such so-called severely handicapped programs are in reality heavily oriented toward severe mental retardation. At present these programs do not appear to be having significant impact on the problem of inadequate training for teachers of severely behavior disordered children and youth.

Additionally, there was strong sentiment expressed in the categorically oriented states that non-categorical or cross categorical teacher training and service delivery models actually hurt the developme of a cadre of professionals dedicated to teaching severely behavior disordered students. It appears that prospective teachers seek multicategorical certification (usually behavior disorders, learning disabilities, and mental retardation) in order to have job flexibility. In reality, however, because of: (1) feelings of inadequacy, (2) frustrations, and/or (3) sheer difficulty of teaching the population, teachers actually chose jobs in learning disabilities or mental retardation or perhaps resource work with mildly behavior disordered children. Very few deliberately pursued positions with severely behavior disordered children and youth. Some states pronounced the situation so critical that they felt the necessity of federal intervention. In other words, some states simply felt that the Office of Special Education could and should foster teacher training in the area of severe behavior disorders by insisting that institutions of higher education support their programs in mild behavior disorders through internal institutional dollars and use federal monies for categorical programs in severe behavior disorders. There is, in fact, some indication that the Office of Special Education is increasing its focus on training programs in the area of severely handicapped although not necessarily within a categorical framework.

What, then, is the nature of these teacher training programs? Most programs leading to certification and/or a degree in behavior disorders require: (1) coursework in regular education; (2) an introductory course in behavior disorders; (3) methods courses (materials, programming, diagnosis and evaluation, curriculum, behavior management); (4) psychology (general and child or adolescent); (5) theory of behavior disorders; and (6) student teaching (practicum). By historical precedent most training programs emphasize the elementary aged child with mild to moderate behavior problems. Certainly, such a focus has a large (80 percent) place in the training of behavior disordered teachers. However, the advent of Public Law 94-142 with its emphasis on non-exclusion and appropriate services regardless of severity demands a shift in some training programs in order to fully serve the severely behavior disordered population.

A rather discrete group of children and youth within the severe behavior disordered population is that segment labeled autistic. A growing number, though still very small, of the institutions of higher education are planning or have in place a program to train teachers specifically for this population of students. Depending upon whether a state has (or develops in the future) a separate category and certification for autism, teachers so trained would have a certificate in autism or in behavior disorders with an autism endorsement (or something similar). This may or may not serve to improve service delivery to autistic children and youth. It is to be remembered, however, that autism is only a small segment (only 1 or every 2,000 children is autistic) of the severely behavior disordered population, thus autism-specific training will not have a major impact on overall services to the severely behavior disordered population.

Preservice - Number of Teachers Trained

Again, perusal of raw numbers of students trained in severe behavior disorders will not assist in looking at trends in preservice training. Further, since as previously discussed, insitutions of higher education train few teachers specific to severe behavior disorders, it is necessary to view the numbers of teachers trained in behavior disorders first in light of overall teacher need and then to estimate "20 percent plus" of that number as representing the approximate (though conservative) need for teachers of severely behavior disordered children and youth. It is absolutely necessary to keep in mind that the 20 percent figure, while probably fairly accurate for the percentage of severely behavior disordered students as compared to all behavior disordered students, is almost certainly low for estimates of the number of teachers of severe behavior disorders in relation to all teachers in behavior disorders. Since teacher-student ratio is smaller for the more severe students, it is likely that the 20 percent severe behavior disordered population is served by 30 to 40 percent of the teacher work force in behavior disorders.

Data from the states indicate that in combination institutions of higher education in most states are training between 1 to 10 percent of the teachers needed by that state in severe behavior disorders (5 to 50 percent in behavior disorders in general). Since few if any states, fill all their own vacancies, much less "export" additional teachers, the shortage is nationwide. Further, those percentages assume that all trained persons pursue careers in their major field of training. Some states indicate that 20 to 30 percent of all newly certified graduates do not seek employment in their area of training. That information added to the 5 to 40 percent attrition experienced by states each year paints a rather dismal picture for both the present and the future in terms of finding adequately trained persons for the positions available in severe behavior disorders.

Inservice - Public Schools

By far the largest amount of inservice, i.e., retraining and/or additional training of currently employed staff, is conducted by public school districts. The purposes are to upgrade staff, provide advancement opportunities, effect behavior change in faculty and/or administrators and in some instances lead to certification (licensure). Inservice topics may be selected by conducting a needs assessment of the potential inservice recipients or by administrator preference. Public schools may provide the inservice using expertise within their own or other school districts, using faculty from colleges and universities, using state education agency staff, or utilizing area education agency or intermediate school district personnel. Some states use a combination of these sources. Some, on the other hand, rely totally on one source. Regardless of the method of topic selection and the persons providing the training, there is virtually no inservice conducted specific to severely behavior disordered children and youth. The one exception to that statement relates to autism. All of the APPs examined indicated (in the CSPD section) that one or more (usually more) inservice programs were provided in that state on the subject of autism. While certainly valuable, it is again necessary to point out that autism is not synonymous with severe behavior disorders but represents only one small subset within that area. Behavior disorders related inservice is offered in all state, but seldom focuses on only severe students. The usual topics include: behavior management, behavior modification, mainstreaming behavior disordered students, and identification of bheavior disordered students. The viewpoint expressed here is not that such inservice is superfluous; rather, it is vital and some states have made impressive strides in providing sound inservice on general behavior disorders to their teachers of behavior disordered children. The concern is for the lack of additional focus on the specific needs of severely behavior disordered children and youth.

Inservice - Mental Health and Neglected or Delinquent Facilities

Even in institutions, the populations of which can usually be assumed to be severe behavior disordered by virtue of placement, very little inservice is offered specific to the educational needs of severely behavior disordered students. Mental health facilities offer a range of inservice with a medical, psychiatric, and/or related therapies orientation. Also, they may provide some inservice on behavior management or behavior modification. Seemingly lacking is inservice with an educational emphasis including topics on classroom practice, public school reintegration, etc., for severely behavior disordered children and youth. Since teachers in these facilities are functioning within a multi-professional environment, any systematic inservice program should be reflective of all these various aspects.

Much the same situation exists in other state operated/state supported facilities. Since the populations in these institutions are not all automatically considered behavior disordered(as in facilities for the neglected), one might expect and, in truth, find even less emphasis on inservice in the area of severe behavior disorders.

Most mental health and youth services personnel indicated that only one or two days a year were planned for inservice activities. A few institutions allowed some release time for staff to attend additional training "off campus". Most did not. A few institutions granted salary credit for accumulated inservice and/or financial assistance to teachers upgrading their certification. Most did not.

In general, very little inservice is conducted in such institutions and less in directed toward severely behavior disordered children and youth. In light of the temporary certification problems in many of these institutions, this lack of inservice is disconcerting.

Inservice - "A Dog and Pony Show?"

While the above information about inservice reflects the information gathered, a more serious, underlying concern was voiced in various ways by all the personnel visited in the states. The concern is for the basic conceptualization of what inservice is, what it should do, and how it should proceed.

There is universal disenchantment with the historically used "Dog and Pony Show", (a phrase often repeated in interviews); that is, the one person, two hour spiel on a currently popular "topic". This is not to imply that such form of "inservice" has no role within an overall conceptualization of inservice. Quite the opposite is true. It is valuable basically, as a consciousness-raising technique. As such it is an initial step in most learning processes. The problem lies in the fact that most schools and institutions seek inservice as a way to upgrade the skills of their staff; that is, they are looking for behavior change in their personnel. They perceive, quite accurately, that this sort of "inservice" does not effect that change. Unfortunately when such inservice does not provide behavior change, they then feel that they have wasted time and money on "inservice". Persons who provided this type of inservice are equally upset since the implication is that they weren't "good enough" or "didn't do their job well". In fact, many inservice providers now refuse to be involved in such sessions due to the growing, and somewhat unfair, criticism of that work. It is imperative, therefore, that inservice providers and recipients are clearly aware of the goals of any specific inservice and that such programs are consonant with the expectations of both parties.

More serious is the need on the part of providers and recipients of inservice to re-think the entire process. If the goal of behavior change is a valid one, and most would agree that it is, then it is necessary to incorporate what we know about learning processes into the delivery of inservice. Recipients of inservice can not expect to get large scale behavior change from one, two or three two-hour sessions per year. Providers can not expect to accomplish that goal within that format. Therefore, inservice designed to provide behavior change must be reconceptualized as an integrated, ongoing process which requires a time and money commitment on the part of recipients. There could be many models for this reconceptualization. A brief sample follows: (1) needs assessment; (2) consciousness raising; (3) a model for change: theory, practice; (4) "guided" change; (5) follow-up; and (6) evaluation.

The crimes of poorly conceived inservice are that: (1) it wastes large amounts of state and local education agencies' monitary assets, and (2) it gives the generic concept of inservice an unjustified "bad name".

Inservice is a valuable tool. Particularly in an area like severe behavior disorders where shortages of teachers abound, it is an excellent means for updating and/or "converting" current, experienced staff to providing services to severely behavior disordered children and youth. Recipients of inservice cannot continue to blame providers for producing inadequate behavior change when they have not fully conceptualized what inservice should be. Providers cannot continue to perpetuate acceptance of the idea that limited-time-involved inservice will succeed in behavior change. Only a commitment to well conceptualized, ongoing inservice will bring about behavior change and justify the money involved in inservice.

Summary

There are two components to training staff in providing service to severely behavior disordered children and youth. The first is preservice; i.e., degree and/or certification training prior to firsthand experience with the population. The second is inservice; i.e., continued or additional training of the professionals already involved in some form of direct service to children in educational environments.

In the case of preservice training, institutions have been unable to produce sufficient numbers of new persons to fill existing vacancies. This is true in behavior disorders in general and even more true of severe behavior disorders. The added pressure for programs produced by the passage of Public Law 94-142 has resulted in critical shortages in some areas. Training programs in behavior disorders are seldom specifically geared, in whole or in part, to train individuals to work with severely behavior disordered children and youth. Local education agency opinion attests to this with their repeatedly voiced concern that teachers graduating from behavior disorders programs are not equipped to deal with the severe child. This is a difficult and complex problem. Just as state and local education agencies are being asked to provide unlimited services with limited resources, so training institutions are being asked to produce trained personnel in several specific categories and to provide large numbers of them. This, too, is an example of being asked to provide unlimited options with limited resources. It would appear unrealistic and inefficient to expect any one training program to provide program options for all levels of severity, age, and service delivery environments. This is especially true in light of the fact that most training programs in behavior disorders are staffed by one, two, or three persons. It is virtually impossible to get such a wide range of expertise in so few people.

Efforts are underway that must be encouraged and supported, particularly in the area of comprehensive system of personnel development. Planning must certainly be statewide and may need to be regionwide in order to marshall resources to provide a wide range of training options in which individual training facilities develop programs emphasizing certain subsets of behavior disorders.

In the case of inservice there is a crying need to reconceptualize the process of formulating an inservice system that is comprehensive and systematic in planning and implementation. Especially in light of the teacher shortages in severe behavior disorders, it is critical to become adept at training and/or retraining regular educators, temporarily certified teachers in behavior disorders and fully certified teachers in behavior disorders. Reaching full service delivery for severely behavior disordered children and youth may depend on it.

CHAPTER V

SERVICE DELIVERY

Among the elements examined by this project was that of service delivery to severely behavior disordered students. Three major systems: public schools, mental health services and facilities for neglected or delinquent, served as the focus for our consideration. Within each system information was gathered on the population served, the type of service provided and the personnel delivering this service. Results of these efforts are provided herein. Finally the chapter closes with a brief examination of interdisciplinary collaboration between and among those major service delivery systems.

Public School Programs

It comes as no surprise that public schools are the major provider of services to severely behavior disordered students. They appear to serve two to four times the number of labeled severely behavior disordered students than are served in mental health centers, facilities for neglected or delinquent and private facilities combined.

Service Options. As might be expected the programs offered to severely behavior disordered students in the public schools represent several options along the continuum of services model. Included among the types of programs available are: self-contained classes, special schools, out-of-district day school placement, out-of-district residential placement, consultant teachers and homebound instruction. For severely behavior disordered students, the most commonly used service delivery option is the within-district self-contained classroom. Next most frequent are special schools and out-of-district placements, followed by consultant teacher service and homebound instruction.

As indicated within states, if not within each school district, a range of service delivery options are available. Each state has its own particular continuum of services making it difficult to equate service delivery programs across the states. Because of the numerous "variations on a theme" regarding service delivery, it is not possible to calculate percentages of severely behavior disordered children and youth in each program option. Nevertheless, the information gleaned from the states verifies the aforementioned order of placements.

Out-of-district placements (private day care and residential facilities) cannot be viewed as actual public school programs; however, their use is the result of school district recommendation and financial support. The degree to which states utilize out-of-district placements varies considerably. In one state nearly 30 percent of all behavior disordered children and youth were served in out-of-district day or residential placements. On the other hand, some states actively discourage use of out-of-district placements in nonpublic school programs. Interestingly, in some states of all the handicapped children placed in residential settings, the largest percentage of these are children with behavior disorders. In one state over half of all nonpublic state approved placements were of children with behavior disorders. The same held true for out-of-state placement. These data can be fairly easily assumed to represent severe behavior disorders since institutionalization was required. The use of homebound instruction reveals similar data. Of all such placements nearly 41 percent were of behavior disordered students. This phenomenon may indicate the difficulty and frustration public schools feel when dealing with these children.

One other interesting factor related to service delivery was also noted. It had been hypothesized that alternative school placement would be a frequently utilized service option particularly at the secondary school level. Alternative school does not refer to special day schools for handicapped students, but rather those within-district programs that have been developed as an alternative for students disenchanted with the regular curriculum. It was consistently noted that identified behavior disordered students of any level or degree are usually not served within such programs. However, in one state, the project found that a self-contained class for behavior disordered students had been established within an alternative school. Thus, while attending the alternative school, these students were actually being served in a classroom for behavior disordered adolescents.

School Demissions. "Removed from the system" are key words when discussing services to severely behavior disordered children and youth. It appears that being severely behavior disordered is more likely to result in removal from school than any other disability. Because this handicap often manifests itself in defiant rulebreaking behavior, severely behavior disordered students, more than any others, find themselves at odds with school rules and discipline policy. Most personnel felt than by imposing sanctions on severely behavior disordered students for school rule breaking, such students are effectively barred from an appropriate education.

Use of expulsion as a means of dealing with handicapped children, particularly severely behavior disordered students, has created some controversy. Part of this rests with the varying interpretations of expulsion; i.e., in some instances it is total termination of the educational program, while in other cases schools are required to provide alternative educational intervention. In other words, does expulsion represent an actual change of educational placement? Also of import is the determination of whether the offending behavior is a result or associated with the handicap. This, obviously, is a significant variable in the case of severely behavior disordered students. Decisions rendered in several court cases, due process hearings and/or appeals of these hearings related to these two issues have resulted in a significant curtailment of expulsion of all children including severely behavior disordered students. In addition, the formalization of expulsion procedures and the strict due process requirements have prompted school officials to be more judicious in the use of expulsion. Thus few severely behavior disordered children and youth are expelled for rule violation behavior.

However, local education agency personnel consistently describe six mechanisms used to remove from school those students, including those exhibiting severe behavior disorders, who are difficult and troublesome to the faculty:

(1) in-school suspension: this consists of assigning a student to a class other than his/her own class or classes. In theory, a special teacher works with those students on their regular assignments until the assigned suspension period is up. Local education agency personnel comment that often students in need of specialized programming for their behavior end up assigned continuously or permanently to the "temporary" in-school suspension class;

(2) continuous suspensions: a student may be suspended for three days, return for a half day, be suspended for three more, etc.

Although most schools have a limit on the maximum length of a single suspension, many do not place limits on the total number of suspensions that can be imposed. Many students find themselves continuously out of school with the administration's "blessing". However, some districts are now moving to limit the total number of days a student may be suspended without a special district intervention;

(3) shortened school day: the shortened school day may be a legitimate tool in the education of severely behavior disordered children and youth. However, it is sometimes used to automatically reduce the number of hours a difficult student spends in the school building. In these cases, it is used without regard for specific instructional objectives which should serve as the basis for the decision for its use as a legitimate intervention;

(4) homebound instruction: again, a legitimate intervention option, in some cases, this special "placement" is used to remove students from instruction at the school building site. Since the amount of instruction required for this program option is usually only one to five hours a week, a student is, again, effectively barred from receiving the special education he/she needs. Some districts are taking the precaution of limiting the number of days a student may be on homebound instruction without a specific medical request;

(5) alternative school placement: this program option is less frequently used with students officially labeled as severely behavior disordered. However, local education agency personnel indicate that it provides one "legitimate" exit pattern

for students who eventually drop out of school totally and may later be served through mental health or in facilities for the neglected or delinquent. As such it provides one option for "easing" students out of the school system either on the part of school officials or by the student himself/herself; and

(6) ignored truancy: in most districts it is impossible for the appropriate authorities to follow-up on all cases of truant behavior. In other districts the community value system simply does not encourage such follow-up. In either case, there is a reluctance on the part of school staff to actively seek truant warrants particularly for children with severe behavior disorders.

The inappropriate use of any or all of these techniques usually, but not always occurs within the secondary schools. Most often they affect the more severely involved behavior disordered population. While continuing pressure, especially from court precedents, appears to be reducing the widespread misuse of these techniques, there is still a long way to go. This is especially true for the subtle and not so subtle misuse of continuous suspension.

Services Provided Through Mental Health Systems

While the numbers of severely behavior disordered children served within mental health facilities is not as large as that served in public school programs, these facilities do represent one placement option for this population. The method by which a severely behavior disordered child or youth is placed in a mental health facility varies from state to state and across facilities within any specific state.

In some cases, students are placed in these facilities by action of the court. In other instances a private physician may be the referral service and in still other places a county level mental health board serves as the only referral agent for some facilities. By and large, the most frequent method is through voluntary commitment by the parents of the child.

Population Characteristics. Regardless of the method of referral, most of the children served in mental health facilities can be described as severely behavior disordered by virtue of their need for a separate facility. Actual numbers of children served in such facilities vary across the states and, of course, across the year within any one state. Rough estimates from the states visited indicate that over 2,000 behavior disordered children and youth are receiving services in state mental health facilities. This ranges from approximately 140 children in the smaller or less populous states to nearly 1,000 in more heavily populated states.

The ages of children and youth accepted for treatment in mental health facilities range from 0-21 years. In practice 5-18 is the most commonly served age range, with no states visited indicating actual service to children under four years of age. An interesting dichotomy appeared in data concerning the average age of the populations served in various facilities. In some states there was a definite trend to serve the elementary population (5-12) almost exclusively. In these cases, mental health personnel cited as the rationale for this phenomenon the use of limited resources to make the greatest impact. In these same areas, local education agency personnel commented (often hotly) that there were no mental health options for behavior disordered adolescents. They felt that the mental health facilities were "taking the easy ones and did not want the hard ones." In other states there was a definite trend toward serving the adolescent (13-18 or older) population. This focus was related to level of greatest need. Mental health personnel indicated that public school programming for behavior disordered children at the elementary level has significantly reduced demand for their services for this age population. It was their perception that few quality public school options exist for severely behavior disordered populations in general and even fewer were available for adolescents presenting severe problems. Most public school people agree that there is a dearth of program options for the severely behavior disordered adolescent. Some, however, echo the concern previously expressed by mental health personnel; i.e., potential for impact is greater with younger children.

The average stay for a child or youth in a residential mental health placement is 8-9 months. However, an average here is rather deceiving because a large range (1-20+ months) exists. This is partially due to the fact that "residential" mental health placement can occur in a "state hospital", a regional mental health facility or in a community mental health facility. The placement tends to be longer in the larger institutions since they are usually viewed as the most restrictive placements for the most severely involved individuals. Finally, one state indicated a shift in the general nature of their institutionalized population from those students experiencing problems which manifest themselves in intrapsychic pain to the more overtly violent, aggressive youth who have traditionally been served in neglected or delinquent facilities.

Service Options. As was the case in public schools, services under the auspices of mental health represent a continuum from less restrictive to more restrictive. In addition to the traditional "state hospitals" or institutions, there has been extensive effort devoted to developing community-based programs. This expansion began in the early 1960's and resulted in sizeable reductions in institutional placements and a corresponding increase in less restrictive alternatives within communities. In addition to the services provided via the state psychiatric institutions, other mental health program options include: (1) foster care programs, (2) group homes, (3) partial hospitalization for service to persons requiring less than 24 hour care but more than outpatient, and (4) outpatient including screening, diagnosis, evaluation, crisis intervention, counseling,education and drug therapy. While consistent data are not available, one state estimated that over three-fourths of the behavior disordered children and youth treated by the mental health sector are served via community programs as opposed to placement in state psychiatric centers.

Within any given mental health facility the treatment program of the children and youth usually includes: educational experiences, therapy, and other support services (occupational therapy, physical therapy, speech therapy, etc.). In several places inventive programs were encountered that tried to pinpoint a student's most essential need and build around that. For example, in one state most of the students who need a diploma but will not or cannot return to school are in separate facilities in a program oriented toward a GED and personal therapy.

Unfortunately data on effectiveness of mental health services, whether institutional or community-based, are sorely lacking. One institution indicated that 90 percent of its elementary age children return to special education programs in the public schools while the recidivism rate is approximately 4 percent. In other instances the rate of return to public school settings is as low as 20 percent. Certainly it was agreed by both mental health and local education personnel that rates of return to public school placement was higher for elementary age clients. While the project's data did not determine the percentage of adolescent youth who return to public schools, the consensus is that far fewer do so. Based on admittedly limited data provided from juvenile corrections facilities, it is apparent that for as many as 30 percent of the adolescent delinquent population, residential mental health placement was one step along the way to adjudication. This sequence in service delivery was borne out repeatedly in the interviews when it became evident that state psychiatric institutional placement is the last resort within the mental health service delivery model. If an adolescent leaves that facility and is not successful in the public school program, intervention options increasingly become focused on juvenile corrections.

Discharge of a child from a mental health facility occurs in several ways: (1) length of court designated stay ends; (2) staff determine that treatment is complete; (3) parents terminate stay; or (4) a youth who voluntarily committed himself or herself may terminate placement. One of the realistic reoccurring problems related to discharge is that students often "get lost". Both mental health and local education personnel acknowledge this breakdown between systems. Many times schools do not realize that a student has been or will be discharged and thus do not know to plan for his/her return. This lack of communication typifies the poor to non-existent relationship between public schools and mental health facilities except in isolated, unusual cases.

Personnel Needs and Qualifications. Data on teaching staff qualifications and needs for educational personnel within mental health facilities is sparse at best. In several states all teachers employed in mental health facilities must be certified in behavior disorders or another area of special education to meet state education agency standards. In some instances these certified personnel are almost exclusively personnel from "pre-certification" days who are now gradually gaining certification in behavior disorders and thus may be temporarily certified or hold full certification. There are instances in which over 50 percent of the teachers hold temporary or provisional certification. In other facilities almost all of the education staff hold recent teaching certificates in behavior disorders.

Attrition rates vary tremendously. In those states where salary schedules are competitive with that of the public schools, attrition is low. The converse is true where salaries are less attractive. Tenure, and its concomitant benefits, is another factor influencing attrition as is the relative emphasis on education within the facilities.

Within most mental health facilities a range of support services is available. Typical among the professionals providing such services are psychiatrists, psychologists, social workers, physicians, speech and language clinicians and activity, music, occupational and physical therapists. Data on projected need for additional support services are not available.

Parental Involvement. The details on parent involvement with the educational program in mental health facilities are very global in nature. Where data are available, estimates of parental involvement, particularly in the IEP process, vary from 20 to 75 percent.

Geographical proximity to the institution constitutes the major variable influencing parental participation.

One ongoing problem involving parents which needs at least brief mention here is the practice in most states of charging parents for services delivered by a mental health facility. Historically, parents have been charged, on a sliding scale, for services (educational and non-educational) rendered by the mental health facility. Public Law 94-142 requires that special education and necessary related services be provided free to all students with that state education agency responsible for assuring this service. Therefore, students placed in mental health facilities for educational purposes must receive their special education at no cost to their parents. Instead cost for such education must be borne by the local or state education agency. Similarly if the related services provided within mental health facilities are deemed necessary in order for students to benefit from the specialized education, these also must be provided on a no cost basis. In those instances where the major purpose for mental health placement is for care and treatment, parents can be held responsible for expenses incurred in providing those services to their children.

Services Provided Within Facilities for Neglected or Delinquent

Of all the environments in which severely behavior disordered children and youth are served, facilities for neglected or delinquent youth are the most difficult to summarize, yet are currently coming under the most scrutiny. Such facilities represent the last bastion of implementation of Public Law 94-142. One of the problems encountered in such institutions is that education is not a primary focus. Realistically, the goal, particularly of delinquent and correctional facilities, is to detain and hopefully rehabilitate the sociatally unacceptable behavior and/or provide a "secure" environment which protects the community from the consequences of the offensive behavior.

Since the primary objective of facilities for adjudicated youth is not education, there is a growing concern that handicapped youth may be doubly affected when adjudicated. Data presented in the report by the Education Advocates Coalition indicate that handicapped individuals placed in institutions including correctional and juvenile detention facilities are being routinely denied or excluded from appropriate educational services. Specific violations include inadequate assessment, lack of IEPs and inadequate communication with other agencies. Of course, even well intentioned personnel attempting to provide appropriate education within delinquent and correctional facilities face the constraints of: (a) short periods of confinement by the population served, and (b) the intensity of the youths' problems because of a long history of failure.

Organizationally, there appears to be an infinite number of ways that programs for neglected or delinquent youth are arranged under divisions of corrections, youth services, social services or a combination thereof, by age, by offense, etc. Thus what little data are available are difficult to compare across states.

In terms of neglected children and youth, each state usually has only one or two facilities serving that population. Assignment is via court order and the stay is dependent upon finding acceptable living environments elsewhere. These children and youth are not necessarily severely behavior disordered, although most personnel the project talked with felt that a large percentage were. The local public school district is usually the deliverer of services and thus any special services for disordered behavior occurs in that environment.

The adjudicated population is also placed by court order. Depending upon the state and the severity of the offense, the youth may be "sentenced" to a specific length of stay in a facility or may simply be delivered to the care of the department of youth services (or whatever it is called). In the latter case the department determines placement and length of stay.

Population Characteristics. Public Law 94-142 mandates service to handicapped children through age 21, except where state law or regulations may differ for 18-21 year olds. Federal regulations governing children placed in neglected or delinquent facilities cover children 5-17 years. Depending on the organizational structure of the state agencies for delinquent and correctional facilities, there are differences in the ages served. Ages encompassed in delinquent facilities may range from a lower limit of 7 years to an upper limit of 18 years, although in some cases a youth aged 16 could be waived to adult corrections. There are some states in which 16 year olds are automatically tried as adults. The general age range that makes up the predominant number of youth found in delinquent facilities is 14-18 years. In one state the mean age was quoted as 16.0 years at intake for males and 16.8 years for females. As expected, most states serve a much higher proportion of male delinquents as compared to females, a difference which is intensified in those states which are not prosecuting status offense.

Due to the variations in determination of stay in facilities for neglected or delinquent, it is difficult to report an average length of stay. The range reported was 2 months to life. Most 13-17 year olds fall in the 2-8 month range. These figures coincide with the data in a recent General Accounting Office (GAO) report (1977) which show the average length of stay in juvenile correction facilities ranges from 4-11 months. Other data regarding the characteristics of adjudicated youth are available on a limited basis. In fact, only in one state visited were extensive data provided regarding the youth served in juvenile correction facilities. There, for example, rearrest rates are generally decreasing; when rearrests do occur, the majority do so within three months after release. Variables that are statistically related to these rearrests are: (a) level of educational achievement at the time of release, (b) school or job productivity, and (c) age at release. The higher the educational achievement and the older the youth the smaller the probability of rearrest. More significant is productivity. Youth who are not in school or not holding jobs after release have a rearrest probability rate four times that of productive youth. Unfortunately, longitudinal data from the state providing such data indicate that since 1974, half of all the youth released were non-productive within 3 months after release.

With the removal of status offenses; e.g., home and school truancy, incorrigibility, etc. from juvenile codes, there has been somewhat of a shift in the population characteristics. For example, in one state, aggressive felonies (murder, manslaughter, rape, assault, robbery, arson and criminal sexual conduct) constitute the reason for adjudication of 47 to 56 percent of the males and 52 percent of the females. Property offenses such as car theft, breaking and entering and some drug violations (depending on the state) account for 33 percent of the convictions of females and 44 to 51 percent of the males. Discouraging is the fact that the average 16 year old adjudicated male has a history of 2-3 previous adjudicational offenses and the 16.8

year old female has a record of nearly 2 previous adjudicated offenses.

Finally, one of the states visited has examined the area of violent felonies. Of all their delinquents, 34 percent are adjudicated for violent felonies. Unfortunately the probability of such offenders committing a similar offense within a year of release is 1:5.5.

Much of the literature and statistics which report on characteristics of adjudicated youth indicate an increasing incidence of handicapping conditions over the past ten years. Estimates by youth services personnel interviewed are that from one-tenth to one-half of the adjudicated youth have been labeled handicapped prior to their commitment. This range is due to variation in age of youth, type of facility and "security" of a facility. Of this group, it is estimated that one-half were labeled as behavior disordered; the rest were usually mentally retarded or learning disabled. It should be noted that until recently several states visited automatically identified all adjudicated youth as behavior disordered. Finally in one state, statistics showed that 11 percent of the adjudicated youth placed in less intense (less secure facilities) had been previously placed in residential facilities for behavior disordered children. This is in contrast to those youth adjudicated to maximum or more secure facilities who show a 30 percent previous placement in residential facilities for behavior disordered children.

Service Options. Just as public schools attempt to develop a continuum of services for handicapped children usually based on varying levels of restrictiveness, so too, some state agencies responsible for delinquent and correctional facilities are attempting to expand the variety of placements available for their populations. This is a major problem since historically few placement options outside of the actual delinquent or correctional institutions have existed. Temporary placements at intake or diagnostic centers are frequently available for the purpose of evaluating the youth's performance. These placements, however, are usually short term in nature.

Working with communities and public school districts, some of the alternatives being developed include: (a) home care: parents, relative or foster, (b) non-residential placement with counseling and enrollment in alternative education or vocational education placements, (c) group home - small or halfway, (d) rehabilitation camps, (e) short term detention/evaluation settings, (f) residential placement, and (g) secure or intensive treatment programs for those incarcerated youth who manifest severe behavioral problems. While the concept of a continuum of services within an agency serving adjudicated youth may be admirable and even desirable, the reality remains that handicapped adjudicated youth frequently do not qualify for placement in the less restrictive of these options. Placement in such programs require a high degree of mental and emotional stability. Thus, the data presented herein are reflected of the youth found in the more restrictive of the aforementioned placements.

The concept of waiting lists which is so frequently a criticism of public school programs for handicapped is also in evidence in institutions for adjudicated youth. While several states alluded to such lists, only one state provided actual data. These indicated that the phenomenon of waiting lists was gradually increasing and, in 1979, was equal in number to 10 percent of the actual institutional capacity as compared to 6 percent in the previous year.

Those students labeled severely behavior disordered prior to or so diagnosed after arrival at a facility for delinquents receive specialized educational services. The reality of the problem is that there is usually not good liaison between public schools and delinquent facilities. Records often do not arrive in time to allow for appropriate programming. Evaluation after arrival is another issue. If students are over 18 they may refuse evaluation for special educational services. When evaluations are conducted they are usually not geared to determination of exceptional needs but rather to current academic functioning. On the other hand, some institutions have an outstanding program of evaluation and educational treatment. Nowhere was the variation in type and quality of service greater than in delinquent facilities.

Finally, it is difficult to discuss services to adjudicated youth without mentioning the effect of such intervention. One state had data indicating the average grade equivalent of youth (age 16) upon entry into their delinquent facilities was 5.9 for females and 6.2 for males. Average achievement gain while incarcerated ranged from an average of 1.3 to 1.7 years depending on grade level upon entry. Students functioning above a fifth grade level upon entry to the facility made greater academic gains. However, the problem of advancing in education outside the institution is less likely. According to one state, 50 percent of the adjudicated youth view the institution as their last contact with education and admittedly are reluctant to return to public schools because of past failures. In one instance, data showed some personnel estimated that fewer than 20 percent of all adjudicated youth return to public schools following their release; ten percent of the youth dropped out of school before adjudication and truancy prior to incarceration was so great that many youth had actually missed between three to five years of total schooling. In several of the states visited virtually no regular diplomas are awarded to adjudicated youth. Some handicapped youth are guided into GED programs as part of their IEP. One state indicated 38 percent of the youth incarcerated in 1979 had GED studies as part of their IEPs. Of this group, 74% successfully completed the program.

Unfortunately another option after release is rearrest either as a juvenile or an adult. Statistics on juvenile rearrests have already been presented. Data on youth entering adult corrections collected over a three year period in one state indicate an increase in percent of previously adjudicated youth, both male and females, being incarcerated as adults. For males, the percent has increased from 23 to 39 percent from 1977 to 1979. During the same time period, the percent for females shifted from 4 percent to 6 percent.

While the general picture for handicapped adjudicated youth looks bleak, the project encountered one particularly exemplary activity. In one state visited, the Division of Social Services has created a position entitled Public School Coordinator. The job of this individual is to facilitate public school entry of youth being discharged from mental health and adjudicated facilities. In the past year 67 percent of the discharged youth who needed special educational services have been so placed. Most of these students had not been in special services prior to institutilization. The concept as well as the success record is excellent and warrants duplication.

Personnel Needs and Qualifications. One of the frequently repeated concerns voiced in delinquent and correctional facilities has been the lack of adequately prepared teaching staff in the area of special education. The 1977 GAO report indicated, in the five states visited by their consultants, approximately 6 percent of the teachers in juvenile correctional institutions were special education certified. It was unclear whether this meant fully certified or included provisional special education certification also. Certainly the National Needs Analysis Project found a great deal of variance in percent of certification across the states.

In general, the educational services are usually provided by subject-certified staff. The number of teaching staff holding certification in behavior disorders is far fewer in facilities for adjudicated youth as compared to mental health facilities. Four of the states indicated the presence of at least one or two teachers certified in behavior disorders in every juvenile correctional facility in their state. On the other hand, in one state 80 percent of the educational staff in the juvenile correction facilities held certification in behavior disorders. It was evident in the interviews that the increase in numbers of certified special education staff was directly linked to the implementation of interagency agreements which required that the facility staff meet state education agency standards. Attrition data for teaching staff in juvenile correctional facilities were scarce. The general sense of the situation obtained during the interviews was that this varied tremendously from state to state. In some states turnover was almost nonexistent. In other states employment in juvenile correctional facilities was viewed as a stepping stone to the higher salaried positions in the public schools, once special education certification was obtained.

Availability of support services also varied a great deal. In some instances the services provided were predominately medical/dental and diagnostic in nature. In other states a larger cadre including psychiatrists and speech and language clinicians were employed. Several states indicated a need for personnel such as occupational and physical therapists and adaptive physical education teachers in order to offer the entire range of related services necessary to support the special education program.

Parent Involvement. Because of the increased involvement of parents in the educational planning process as part of Public Law 94-142, the project sought information on this topic from the personnel in juvenile corrections facilities. This seemed particularly valuable since youth, once adjudicated, become wards of the state which then serves *in loco parentis* even though the natural parents still function as guardians of their children's rights, at least in a limited sense. Parent involvement, as one might expect, varies considerably, not so much from state to state but rather from institution to institution. Data reported from three of the states indicate percent of involvement varying from 10 to 70 percent. The key variable is geographical proximity between parents and the institution. Those institutions located near large metropolitan areas or serving a more circumscribed geographical catchment area have higher parental involvement rates. On the other hand, those facilities located in rural areas serving a large geographical territory but which is sparsely populated had difficulty drawing parents into IEP conferences. It was encouraging to learn that in at least two states, staff at the juvenile correctional facilities were sincerely attempting to contact parents for such involvement. Conference telephone calls and home visitations by the IEP team were two mechanisms utilized to increase parental involvement.

Collaborative Programming Between Agencies

According to the 1978 Annual Program Plans, approximately 39,000 behavior disordered children aged 5-21 are served in separate school facilities while another 11,000 are served in other educational environments. Because of the way the data are reported, it is difficult to extrapolate what proportion of this represents children and youth in separate public school facilities, mental health placements or non-public school programs. However, it was evident that in the area of behavior disorders in some states there is considerable reliance on placements other than public school programs. In one state, more than half of all handicapped students placed in non-public school facilities bear the label behavior disordered. Additionally, a second state serves nearly 30 percent of its behavior disordered children and youth in out-of-district day or residential placements. It should be noted, however, that in some states out-of-district placement, particularly in non-public school programs, is discouraged. While other agencies are utilized to provide service to behavior disordered children, it would be misleading to imply that those placements represent collaborative programming. In reality, quite the opposite is true. Instances of collaborative programming between local school districts, other public agencies and/or non-public school programs appear to be the exception. This is not to say it does not occur, but certainly such joint ventures are in the minority. Unfortunately children with severe behavior disorders often are in greater need of the services of individuals from many disciplines and/or agencies than are less severely involved children and youth. It is more likely that a range of public school, medical, social service, and correctional persons will have already or need to come into contact with these students. Thus, the rather appalling state of viable interdisciplinary collaboration works a greater hardship on the severely behavior disordered child.

There appear to be two major problems that inhibit the development of this collaboration to serve severely behavior disordered children and youth. The first, geographic location, is directly related to district-level service delivery and also affects other program components. In non-urban areas, i.e., most outlying areas of any state, small communities and school systems can not support a full range of services from several disciplines. This is a very complex problem. Just as the need is felt to support a community's right to remain autonomous (i.e., not forcing consolidation of schools), so there is the obligation to support the child's right to the full range of special services nedded. Even school consolidation may not help since rural areas often have difficulty attracting a full range of professional services.

The other concern occurs at a state as well as local level. A simplified, but accurate description for it is "turf protection". When more than one discipline is involved in a case at a local education agency level, there are often differing opinions about the relative importance of various aspects of a child's program. Ultimate control can become an issue. At the state level the translation of this problem is into single line of authority problems and allocation of resources. At state and local levels, professionals from various disciplines are far from working out formal or informal agreements to provide smooth collaboration on a full range of services to children and youth.

In spite of the apparent dearth of interdisciplinary collaboration the project encountered several examples of collaborative efforts among agencies providing education to behavior disordered children and youth. Cooperative programs between local school districts and mental health programs housed either within local mental health facilities or within the public schools were one model of interdisciplinary collaboration evidenced. Other examples involved joint programming between the local school district and social service agencies. Finally, there were state level programs of a regional nature for severely behavior disordered students which involved mutual placement and programming by the state department of education and the department of mental health. Interestingly, in one state it was evident that cooperative programming had at one time been more frequent in occurrence. However, turfdom issues between mental health and education led to the demise of those programs and it has been only recently that renewed efforts along these lines have been instituted. In those isolated instances where collaborative efforts were noted, unusual personalities appeared to be responsible for breaking the barriers and making real progress.

Summary

As can be seen, severely behavior disordered children and youth are served in a variety of settings including public schools, private schools, mental health facilities and facilities for neglected or delinquent youth. While the largest percentage of the population is placed in public school classrooms, there is a heavy reliance by numerous districts upon private schools and other out-of-district placements. This practice when combined with school demission techniques such as continuous suspension and ignored truancy reflects an unfortunat attitude and frustration held by educational personnel toward severely behavior disordered children. They by no means represent a "glamour" group of clients; no one is clamoring to provide them service. They represent children and youth usually with a history of receiving services from various agencies. Unfortunately for at least a segment of the population the service pattern is clear: progression from placement in special education in public school to mental health and eventually to juvenile corrections. Finally, while the severity of the problems exhibited by these children often dictates interventions delivered by a variety of disciplines and/or agencies, the communication and collaboration between these individuals and groups are sorely lacking. All these coupled with the large number of temporarily certified teachers serving severely behavior disordered children and youth presents a sad commentary on the quality of services to a population in dire need of a free appropriate education.

CHAPTER VI

OTHER ISSUES

The preceding chapters have presented the data and perceptions gathered for the major issues selected from the needs analysis model relative to the area of severe behavior disorders. As one might expect, in the process of collecting and analyzing all this information other issues surfaced which warrant discussion by virtue, usually, of the frequency with which they were encountered. Hence, this chapter is designed to present an examination of several related issues which are of import to the area of severe behavior disorders and are included because of the repeated concern expressed regarding them. In addition, the chapter includes a summary of the overall strengths and obstacles related to serving severely behavior disordered children and youth.

Single Line of Authority/Interagency Agreements

An analysis of agencies providing services to behavior disordered children including those classified as severely behavior disordered reveals a plethora of such agencies both public and private. Included among the public agencies are state departments of mental health, departments of vocational education and rehabilitation, divisions of youth services, departments of corrections, divisions of social services, family services, departments of human services, departments of institutions or institutional schools and divisions of children's services. While the number and names of such agencies vary from one state to another, it is safe to assume that each state has a multiplicity of agencies designed to provide services to behavior disordered children and youth.

Public Law 94-142 requires that each state education agency serve as the central agency of authority and accountability in the education of all handicapped children within that state. The following excerpt from the Senate Report on Public Law 94-142 clarifies this Congressional intent:

> This provision is included specifically to assure a single line of responsibility with regard to the education of handicapped children, and to assure that in the implementation of all provisions of this Act and in carrying out the right to education for handicapped children, the State educational agency shall be the responsible agency.....
>
> Without this requirement there is an abdication of responsibility for the education of handicapped children. Presently, in many States, responsibility is divided, depending upon the age of the handicapped child, sources of funding, and type of services delivered. While the Committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of handicapped children, so that failure to deliver services or the violation of the rights of handicapped children is squarely the responsibility of one agency. (Senate Report No. 94-168, p. 24, 1975)

Realizing that each of those different agencies providing services to handicapped children, including those with behavior disorders, operates under its own set of legislative and regulatory requirements, the task of implementing the single agency responsibility requirement has been a massive administrative headache.

Also hampering the implementation of the sole agency responsibility mandate is the fact that in many instances state laws and regulations do not support the practice of the single line of authority. In other words, it is not uncommon that a state education agency has no authority to supervise or monitor educational programs in other state agencies as part of assuring compliance with Public Law 94-142. In fact, the Office of Special Education indicated in its

1979 Implementation Report to Congress on Public Law 94-142, that in some cases responsibility for educational services to handicapped children may be shared by as many as six different agencies. It should also be noted that this lack of clarity regarding lines of authority is a frequently cited problem in state PARs.

In order to address this realistic problem, the following options have been suggested to the states as possible alternatives:

> (1) Written agreements are developed between respective State agencies concerning State educational agency standards and monitoring. These agreements are binding on the local or regional counterparts of each State agency.
> (2) The Governor's Office issues an administrative directive establishing the State educational agency responsibility.
> (3) State law, regulation, or policy designates the State educational agency as responsible for establishing standards for all educational programs for the handicapped, and includes responsibility for monitoring.
> (4) State law mandates that the State educational agency is responsible for all educational programs. (Federal Register, August 23, 1977, p. 42501)

In responding to the single line of authority mandate, states have adopted a variety of the above options. Revisions of state law, regulations and policies, development of interagency or administrative agreements are two such approaches. Several states have created special school districts or local school districts within the departments of social services, mental health, and corrections, etc., to clarify the relationships between the educational program for handicapped persons within those agencies and the state department of education. Analysis of the Annual Program Plans for FY79 and 80 indicates that most states have policies, statements or revised state laws or regulations in place relative to the single line of authority provision of Public Law 94-142. Ninety percent of the states indicate that interagency agreements have or are being negotiated. However, these data must be treated cautiously for several reasons. First some

APPs do not specify the agencies with which agreements have or are being negotiated. Second, those states which list the specific agencies and/or include copies of the agreement do not necessarily indicate other agencies with which they have not or need to negotiate interagency agreements. Thus, some states list one interagency agreement and others list as many as five. Whether that represents all the necessary interagency agreements is uncertain. Compounding the comparison is the organizational differences across states; i.e., mental health institutions may be organized under social services in one state or a department of mental health in another. Finally, it seems apparent after reading the early APPs and the comments related to interagency agreements, that many of these agreements were initially made as part of a cooperative child find effort. In many cases these agreements do not address state education agency monitoring, data collection and other variables related to a range of services beyond child find. Nevertheless, current analysis indicates that at least 40 percent of the state education agencies having interagency agreements have negotiated such arrangements with correctional facilities. Approximately the same percent are involved with interagency agreements with departments of mental health. Interagency agreements with departments of social services (welfare, human resources) are indicated in 50 percent of the states having negotiated agreements. One of the agencies with whom interagency agreements are sorely lacking is departments of vocational rehabilitation or vocational education. Rate of interagency agreements between state education agencies and vocational agencies ranges from 9 percent to 20 percent. Certainly this area of collaborative agreement needs greater attention.

The majority of states visited as part of the project had at least one interagency or administrative agreement negotiated. Examination of these documents shows that most of them include information regarding: (a) procedures, policies or assurance on referral, assessment, IEP development, due process, confidentiality, least restrictive environment, related services and accountability; (b) staffing needs and standards; and (c) regulatory structures for delegating and coordinating the responsibilities among the participating agencies. The amount of detail incorporated into these documents varies considerably. In some instances the agreements consist of assurances that the above obligations will be met. In other cases, the agreement includes information relative to actual implementation.

While the development of interagency agreements at the state level serves as one indication of interdisciplinary collaboration, the true test of cooperation is the adoption and implementation of such agreements at the local level. The task of establishing actual mechanisms for collaborative services, credentialing of personnel, tracking students, transferring of funds, etc. force the translation of a paper agreement between agencies into a reality. This step is critical since many of the persons interviewed indicated that existence of any agreement for collaborative services on paper in no way assures that such services are being delivered. In fact, in many PARs, states were cited because there was no evidence of actual implementation of interagency agreements. Only one state was commended in its PAR for its coordination and communication with other agencies.

As indicated earlier, lack of state policy, law or regulations and differing agency requirements have proved to be realistic obstacles in the implementation of the single line of authority mandate. There are other variables that also have been barriers to successful interagency cooperation. Competition for funds in a time of limited and decreasing resources frequently makes persons protective of their domain. As the role of education expands, other professions and agencies are becoming increasingly leery about the monitoring and control by education agencies. On the other hand, educators have for some time been relegated to second class citizens on the professional hierarchy particularly within mental health and correctional agencies. There is some irony to the situation as it now exists with education being the focal point of intervention in the lives of handicapped children and responsibility for monitoring this resting in the state department of education. It is, of course, most unfortunate that we cannot rechannel our energies away from the "petty bickering" which accompanies defending one's turf and into providing quality services to the children in need of them. This is particularly true in an area such as severe behavior disorders where service is sparse at best.

National Collaborative Efforts

As indicated previously, the area of services to handicapped children including behavior disordered is characterized by a variety of agencies and organizations operating under differing legislative mandates and regulatory standards. Inevitably such a situation results in duplication of services and conflicts in standards. While the previous discussion indicates that state and local agencies are initiating actions to resolve these differences, it has also been necessary for the Office of Special Education to address these problems at a national level. Specific governmental agencies with which OSE has initiated cooperative arrangements include: (a) Office of

Child Health (Title XIX); (b) Bureau of Community Health Services; (c) Rehabilitation Services Administration; (d) Bureau of Occupational and Adult Education; (e) Public Services Administration; (f) Administration for Children, Youth and Families (Headstart); and (g) the Office of Civil Rights. Results of these early initiatives have been the issuance of joint clarification and/or policy statements and joint support of model collaborative programs and techical assistance projects. More recently, OSE began interfacing with the National Institute of Mental Health, including the Community Mental Health Programs, and the Bureau of Developmental Disabilities. For professionals in the area of behavior disorders, the results of the interface with NIMH will be watched with great interest.

Finally, the passage of Public Law 94-142 has given impetus to the establishment of non-governmental alliances. One example of such a group is the Education Advocates Coalition, composed of representatives from a variety of legal and advocate projects and organizations including: (a) the Center for Independent Living; (b) Legal Center for Handicapped Citizens; (c) Mental Health Law Project; (d) Better Government Association; (e) Advocates for Children of New York; Inc.; (f) Tennessee State Planning Office; (g) Vermont Mental Health Law Project; (h) National Center for Youth and Law; (i) Children's Defense Fund; (j) Governor's Commission on Advocacy for the Developmentally Disabled; (k) Children's Defense Fund-Mississippi Office; (l) Education Law Center; and (m) Advocacy, Inc. The Coalition's report which included data on services, or lack thereof, to severe behavior disordered children and youth is indicative of the scrutiny being given to the implementation of Public Law 94-142 at the local, state and national level.

Related Services

Public Law 94-142 requires, among other things, the provision of related services to handicapped children in instances where such services are necessary for the student to benefit from special education. These services include transportation and others which are developmental, corrective or supportive in nature such as speech therapy, audiological and psychological services, physical and occupational therapy and medical and counseling services. It is important to emphasize the supportive nature of these services; that is, they are designed to supplement or augment the special education program of a student identified as handicapped. Need for such related service would, of course, be reflected in the individualized education program (IEP) developed for the handicapped student.

The area of related services has been one which emerged as a problem in the implementation of the single line of authority mandate. Differing laws that govern other agencies which are frequent providers of related services have made it difficult for state education agencies to monitor the provision of these services.

Second, some agencies because of federal monitoring and "red tape," have elected to withdraw previously offered related services such as counseling, physical and occupational therapy and vocational rehabilitation. In the words of one administrator of a state supported facility, "The money is not worth the hassle." This has literally forced some state education agencies to assume provision of such services. Needless to say, these added responsibilities have not been accompanied with increased budgetary allotments to cover the costs.

In a somewhat related vein is the lack of clarification of the scope of related services. Agencies are confused about what constitutes a related service as required under the law. Differences between court rulings, federal laws (Public Law 94-142 and Section 504 of the 1973 Rehabilitation Act) and interpretation by the Department of Education and the Office of Civil Rights on the topic of related services have contributed to the general state of confusion. One excellent example has been the issue of providing psychotherapy. While the Office of Civil Rights has interpreted Section 504 to include psychotherapy as a related service, only within the past months has the Office of Special Education issued a proposed policy statement on the matter. Its recommendation that schools should provide handicapped students with needed mental health services, i.e., psychotherapy or psychiatric counseling, if it will enable them to benefit from special education, now coincides with the stance taken by the Office of Civil Rights. Certainly such an interpretation has major implications for the area of behavior disorders.

While this interpretation may help resolve the confusion and hence unwillingness of schools to provide such services it also complicates the fiscal situation. State and local education agencies are being pressed to the limit to augment and initiate new services in a time when fiscal restraint in public spending is being encouraged. This is accompanied by the fear that agencies previously offering psychotherapy or a similar mental health service will now withdraw their support, placing the financial burden back on the schools. Furthermore, there is some question as to the increasingly broad scope of related services. In other words, is it reasonable or feasible to expect schools to monitor provision of services which are becoming further and further removed from education?

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Autism

It is not possible to be concerned about severe behavior disorders without also being concerned about autism. Especially in the last few years, much public and government attention has been focused in this direction. Although autism represents only a small proportion of the severely behavior disordered population, it is a highly visible group that has long been inappropriately served. For that reason, it seems appropriate to look at a few issues that relate specifically to the category of autism.

There is currently a considerable push by the National Society for Autistic Children and some educators to remove autism from the Public Law 94-142 definition of seriously emotionally disturbed. Briefly the rationale is that emotional disturbance connotes an emotional problem that is the result of inadequate or inappropriate child rearing. There is increasing evidence to suggest that autism is the result of physiological inadequacies or malfunctions. In addition to a national level push for this change, there are similar efforts organized in each state. As a result a few states have promulgated a state definition of autism which is entirely separate from the definition of behavior disorders. The indications are that other states may be making similar changes soon. Yet to be seen is the scale with which this will occur and what, if any, concomitent changes will occur; i.e., separate training degrees and/or separate certification.

Proponents of this position argue that the inclusion of autism under emotional disturbance is an unwarranted and unkind gesture to the parents of autistic children. Further, they maintain that such an inclusion has been responsible for the lack of programs developed specifically for autistic children. It is felt that the required programs are substantially different in nature from programs for the emotionally disturbed. They also feel that such a removal will open the way for separate teacher training programs and separate certification for teachers of autistic children.

Opponents of the move focus their concern on the premise that appropriate service delivery systems are available for a wide range of children, including the autistic. If programs for children are inappropriate then it is the result of poor evaluation, staffing, and IEP procedures and not the inherent unsuitability of existing classes for autistic children. They are additionally concerned that such a move will reduce the amount of resources that will be available for these children. Currently a large "pot" of money is available for all behavior disordered students in a state and traditionally the most severe children receive the largest share of resources. If separate definitions are used, then separate funding may follow, which it is feared, could actually reduce the number of dollars available per autistic child. It is interesting to note that most opponents of the move do not feel that this disorder of thought, affect and communication typically referred to as autism is a function of "bad parenting". Rather they concur with the physiological basis of etiology.

As it currently stands, unless the Office of Special Education instigates the removal of autism from the seriously emotionally disturbed definition, states will continue to report the figures for autism as part of the figures for seriously emotionally disturbed regardless of how it is actually defined and counted on a state level.

Current indications are that the trend is in the direction of separating the definitions.

An interesting issue already raised is relative to whether or not the term behavior disorders, rather than emotional disturbance, would be an acceptable label under which to include autism. By this time, the reader should be aware of this project's position; that is, behavior disorders represents a broader term than emotional disturbance and includes the entire range of problem behavior regardless of real or suggested etiology. Thus it is felt that autism can be subsumed under the category of behavior disorders without limiting the quality of service provided to this population yet allaying the negative connotations existing in the association with the term emotional disturbance.

Severity and Service Delivery Placement

Earlier in this document, a discussion was presented concerning the fact that it is not conceptually sound to automatically equate certain service delivery options with severely behavior disordered children and youth. That is, all children and youth in self-contained classes are not necessarily severely behavior disordered. By the same token, placement in a resource room does not preclude the presence of severe behavior disorders. All children in mental health facilities are not necessarily severely behavior disordered, etc. However, due to the fact that most states do not distinguish between all behavior disordered children and youth and severely behavior disordered children and youth, the service delivery environment was the only reasonable means of trying to obtain figures on the numbers of such students and their programs. In most senses this is adequate because in practice more severe students are placed in the more restrictive environments. Still, it is recognized that this is not always the case.

Advocacy and Behavior Disorders

Finally it would be difficult to leave the area of severe behavior disorders without some mention of the role of advocates. Advocates on behalf of children with behavior disorders take many forms: individuals, agencies and organizations. Most states visited could identify one or more groups that have served as active advocates if not in the area of severe behavior disorders at least in the broader field of behavior disorders. The composition of such groups varied from state to state and included: parents, mental health personnel, teachers of children with behavior disorders, and trainers of teachers of behavior disordered children. While such individuals and groups are apparently visible as advocates, most persons interviewed evaluated the effects of such groups as moderate at best, particularly when viewed in light of the strong advocacy movements in other areas of special education.

Concern was expressed in several instances regarding the adversarial nature that sometimes exists in the relationship between advocates and public school officials. In one instance, guidelines were encountered which had been developed in an attempt to clarify the relationship and enhance positive interactions. These guidelines indicate the need to remain child focused rather than system or parent focused during all advocate-school interactions. In addition, advocates must interact with parents prior to any IEP conference as a means of insuring a more knowledgeable advocate. Moreover, the school provides training for advocates and, in the instance of a student's initial consideration as handicapped, sends parents a list of advocates and their phone numbers. The above represented one of the few organized approaches encountered in educational systems to address the use of advocates.

Regardless of the antagonism that can be associated with the use of advocates, there was a general consensus that this was a resource within behavior disorders that has remained largely untapped. As indicated previously, behavior disordered children and especially those with severe problems do not generate an overabundance of affection and concern within some areas of education. Similarly it has been difficult to create or encourage an active advocacy movement on behalf of this population. Interestingly, many personnel interviewed indicated that such a movement would be a valuable asset in the push to improve services to severely behavior disordered children and youth.

Obstacles to Services for the Severely Behavior Disordered

Much of the information gathered during the project's work was not in the form of facts and figures, but in the form of comments, reactions and evaluations made by personnel from all populations. The following are some consistently voiced opinions about the major obstacles to complete and effective service delivery for severely behavior disordered children and youth.

(1) State and local education agencies are being required to provide unlimited services with limited resources. Demands of Public Laws 94-142, 89-313, 93-380, Section 504 and numerous court orders and consent decrees are ever increasing the scope of services for which the public schools are responsible. Some of these demands are made even in light of unflinching

requirements for services or agencies over which state and local education agencies have no legal control. Many agencies may provide services to severely behavior disordered children and youth, but only the state education agency is charged with total responsibility.

(2) So much energy, necessarily, is being expended in an effort to "catch up" on service delivery needs that virtually no effort is being focused on prevention or on the special needs of the gifted severely behavior disordered child.

(3) Due to our general lack of skill in dealing with the most severe students, most of the children spend too much time in special programs and do not benefit from planned or supervised reintegration into regular or less restrictive environments. Consequently failure and recidivism is high whether the subject is public school classes, mental health or youth services.

(4) The lack of vocational education services for the severely behavior disordered is critical in some areas (and problematic in most). Specialized vocational schools are seldom under mandate to serve any given population and often refuse to admit behavior disordered students. This is one area in which collaboration is vital. At the state level revision of regulations, statutes and/or policy may be necessary to facilitate greater cooperation between special education and vocational education services. At a local level, the IEPs of severely behavior disordered students should include a vocational emphasis when appropriate.

(5) Increasingly strict juvenile codes are hampering individualized evaluation and programming.

(6) Support services are difficult to obtain for this population. Additionally, school administrators are reluctant to include and/or support such programs in their buildings. Interdisciplinary collaboration is poor. Coordination of services can appear impossible.

In general it appears that a lack of direction in appropriate service delivery is exacerbated by poor support and cooperation. Given an increase in the latter, hope could be held out for more rapid improvement in the former.

Assets to Services for Severely Behavior Disordered Children and Youth

Most everyone interviewed had isolated "strengths" to report in one program or another or in one district or another. Unlike the obstacles which were universally voiced, the assets are seldom as cohesively viewed. This is not to discount the isolated assets. They exist as proof that good work can be done. It is, however, a comment on the generally discouraged and frustrated "state of mind" in the field. The severe students are the most difficult to work with and the least desirable in terms of jobs, inclusion in buildings, prognosis, etc. Despite all of that, some evidence exists to suggest that things are changing:

(1) The Office of Special Education is targeting increasing amounts of money toward the severe end of the continuum. Over time this will help to alleviate some of the shortages in human resources and will allow for the establishment of more model programs.

(2) Regular school faculty and administration appear to be becoming desensitized to the severely behavior disordered

population. There is a little less resistance to and slightly more support for programs for these students than existed three years ago.

(3) State education agency recognition of the needs of these children and youth has increased considerably and consequently more effort is being expended to establish sound, ongoing programs.

Summary

It is apparent as one examines the major and related issues surrounding serving severe behavior disordered children and youth, that this is an area in dire need of attention. One is also impressed (if not overwhelmed) with the complexity and enormity of the problems involved in trying to overcome the reality and obstacles confronting service to this population. The pressing need to implement the single line of authority mandate and to clarify the scope of related services, while not limited in impact to just severely behavior disordered children, can not be overlooked. Similarly, a speedy resolution to the controversy concerning autism would allow professionals in behavior disorders to devote their time and energy to addressing the massive problems confronting the broader area of severe behavior disorders.

CHAPTER VII

FUTURE DIRECTIONS AND SUMMARY

Considering the amount and quality of data collected specific to severely behavior disordered children and youth, it would be presumptuous to present a series of far reaching suggestions for change in the area. However, some issues surfaced consistently enough across all populations that they are appropriate for consideration.

Future Directions

1. It is apparent that the discomfort the professionals in behavior disorders are feeling with the federal (Public Law 94-142) definition of seriously emotionally disturbed is more than an initial uneasiness with a new or different perspective on the subject. Rather, the problems are serious, ongoing, and are inhibiting appropriate services to children and youth. This is occurring to such an extent that it warrants serious consideration by the Office of Special Education. Although it is difficult for such major changes to be considered after final regulations are prepared, it appears time for an exception. The bias of this project is evident by virtue of its decision to use the terms behavior disorders and severe behavior disorders and by virtue of its recommendation for definitional change. Although it is felt that any one or combination of changes as suggested by the people visited would improve the situation to some extent, it is felt that the changes suggested by the project incorporate the best of current thought. It appears best to re-think the problem now rather than to face the continued confusion and frustration in future years.

2. Attention must be given to the collection of appropriate data within other public agencies, particularly mental health and corrections. While public schools are perhaps "chafing" under the plethora of data required as part of Public Law 94-142, the obvious lack of such data in other public agencies is discouraging. Although one is hesitant to "wave the red flag" of more paperwork, at a minimum it is essential to be able to retrieve accurate, unduplicated counts of children and youth served in such facilities. It should be pointed out that some of this data is currently required by Public Law 89-313, but it appears that such requirements have not been observed on a large scale. Basic data about numbers of children labeled, previous educational placement, numbers served, and placement upon release should be available within agencies providing education to handicapped children. Only a couple of the states visited were able to retrieve such basic information. It does not seem unreasonable to expect that an education director for a juvenile delinquent facility should be able to determine how many of the population were labeled behavior disordered upon arrival, how many were so labeled after intake evaluation and how many certified behavior disordered teachers are programming for them. Data collection systems that may have been adequate when mental health and corrections had "nothing to do with" public schools are inadequate for a time when children and youth need to be tracked through services and cooperatively handled. Certainly other agencies have established data management and retrieval systems which could

be adopted by mental health and corrections. While hopefully it is needless to mention, when such data systems are established agencies should be admonished to make them as compatible as possible across agencies. What is not necessary is a wealth of data that cannot be translated meaningfully by the other agencies serving the same population concurrently or at some other point in time.

3. Immediate steps must be taken to stop the discrimination that occurs when parents of students served in mental health facilities are charged for education or related services. The financial machinations behind this phenomenon are complex. However, either costs must be borne by the facility appropriating the proportionate share of earmarked state and federal dollars, or local education agencies and state education agencies must bear the cost directly and be allocated the share of the budget at a state level that normally would go to facilities for that purpose. The law is clear: free, appropriate education.

    Due to some widespread misunderstandings, it is necessary to reiterate that the purpose for placement is the crux of the determination as to who pays for what. An SEA or LEA is not responsible for costs at a facility if the placement is for care and treatment. Placement for educational purposes are the costs borne by SEAs and LEAs. Therefore, it is not a foregone conclusion that parents should bear no responsibility for any service. The purpose of the placement determines who bears the financial responsibility. The concern expressed above is for charge backs to parents for educational and related services that are the result of placement for educational purposes.

4. Serious reconsideration must be given to the entire area of related services. Heretofore, the Office of Special Education has responded to clarification of the scope of related services in a piecemeal fashion. Given conflicting interpretations among agencies and between the courts and these agencies, it is necessary to step back and examine both the fiscal and philosophical implications of a broadly defined focus within related services.

5. Both of the previous suggestions are part and parcel of one of the major problems being faced by state education agencies: single line of authority. Again the law is clear: state education agencies bear the full responsibility for the education of all handicapped children in the state. Whether the child is provided an education in a public school classroom, a facility for delinquents or a mental health facility, the state education agency is responsible for the existence of and appropriateness of that educational service. Such responsibility is unfair and meaningless without the authority to make the decisions about the child's education. Congress clearly did not say "state education agencies are responsible for severely behavior disordered students unless they are in a mental health facility or have been adjudicated". Congress did say that state education agencies were responsible for assuring the education of all handicapped students. State education agencies are going to need the assistance of meaningful interagency agreements and/or supportive

state statutes in order to establish that single line of authority for handicapped children and youth. Highest priority must be given to insure the implementation of the requirement of the single line of authority. The Office of Special Education must work closely with the states to achieve this mandate. Establishing clear criteria for interagency agreements is one possible avenue of assistance. Providing technical assistance to states in the area of developing interagency agreements may also be useful. Certainly there are sufficient instances of successful interagency agreements being effected that these can be shared as models for other states. Monitoring the success of interagency agreements will also be necessary. It may be possible that because of the difficulties involved with such agreements the number now in existence and the content of those, actual revision of state law or regulations will be necessary to establish the line of authority. Given interagency agreements in place, state education agencies also need to develop a means of assisting and monitoring the actual implementation of these agreements at the local level. Technical assistance in the form of workshops, handbooks or guidelines should be considered as a means of encouraging collaborative efforts among local agencies. The law cannot be fully implemented until single line of authority is established.

6. The need for re-conceptualized inservice is paramount. Inservice is potentially one of the best methods for upgrading skills of large numbers of professionals. Public schools must recognize that effective inservice requires a time and

money commitment. Disillusionment at not getting desired results from "consciousness-raising" half-day lectures is the result of unrealistic perceptions of what good inservice is or unclear communication between inservice providers and recipients as to the purpose of that inservice. Carefully planned, long-range inservice provided by a variety of persons with varying expertise should bring about the skill upgrading that the districts and facilities are looking for.

7. Institutions of higher education cannot turn a deaf ear to repeated concerns from local education agencies that teachers are leaving programs unable to deal with severely behavior disordered students. The change in programs required need not take massive amounts of new dollars, but rather requires a critical look at the range of information and experience offered in existing courses. Inadequately trained teachers will only hurt the field and increase attrition rates.

8. The Office of Special Education must be encouraged to continue its initiatives in collaborative planning at the national level. Such efforts hopefully will be beneficial in reducing the conflicts between the regulations governing the various agencies providing services to handicapped children and youth. Such a reduction might well serve to facilitate the implementation of the single line of authority requirement at the state level. Moreover, such efforts could also serve as a model for both state and local agencies that collaborative agreements can, in fact, be initiated and implemented.

9. Finally, the Office of Special Education (in particular, the Divisions of Innovation and Development and Personnel Preparation) is encouraged to re-evaluate its perception on severe behavior disorders and autism. Perusal of research, model programs, and training programs that are funded to work specifically with severe behavior disordered populations indicate that these are primarily composed of programs for the autistic. This is certainly not to suggest that such funding is inappropriate, but is to point out, once again, that autistic children are only a very small portion of all severely behavior disordered children and youth. Federal dollars should support severe behavior disorders in general and autism as only one portion of that problem. There is a demonstrated need for funding research, model programs and training programs in the area of severe behavior disorders. That need cannot be met by a disproportionate emphasis on autism.

Summary

Information on severely behavior disordered children and youth is extremely difficult to obtain. The three main sources of data vary in the amount and type of information that can be obtained. Local education agencies do not usually distinguish between the severe and mild/moderate degrees of the behavior disordered population. It is not necessarily suggested that this should be the case. Arbitrary decisions must be made concerning the service delivery options that provide education to the most severe children and youth. Mental health facilities can be assumed, as a result, to serve severely behavior disordered children and youth. However, it cannot be assumed that those same children would be or are so labeled by public schools. Facilities for adjudicated youth present some of the most difficult problems of all. Since their primary purpose is entirely legal, the educational status of a child has, historically, been of little use or concern. Further, while certainly a large number of adjudicated youth are behaviorally disordered, many are not. No one is even totally sure of the distinctions. Also, these facilities are the ones least likely to have accurate data on the handicapping conditions of children and youth committed to them.

Despite all of the above qualifications, there is still consensus that the most severely disturbed children and youth are the least appropriately served. This may be the result of poor teaching, difficulty of service, prognosis, inadequately trained teachers or uncertainty of eligibility. Singly or combined these concerns interfere with the appropriate delivery of services to this population. Hopefully the suggestion made earlier in the chapter will begin the process of more appropriate services to severely behavior disordered children and youth.

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